MARYLAND	STATE	DEPARTMENT	T OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

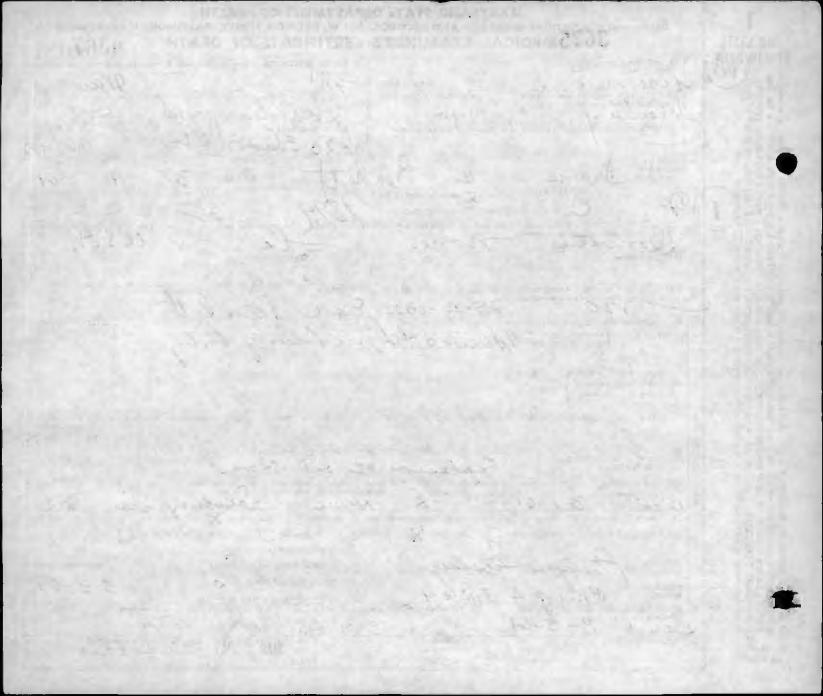
3674 CERTIFICATE OF DEATH

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saw the deceased alive onMarch 11				17-1- 7 m	(3)() 3	2 (3			
226. SIGNATURE Comparison of Comparison o									
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22d. ADDRESS NAME (Type) V. Juerman, M. D. 22d. ADDRESS Deer's Head Hospital; Salisbury, Md. 23. BURITAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, fown or country) (Statement of the property o						22b. DATE SIGNEO			
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REMOVAL) (Specify) 3. 1616/ WOULD, Wat, School Baltimo, Ma. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D. BY REGISTRAR 25b. REGISTR		v. Juerman, M	1. D.,	Deer's H	ead Hospital;	alisbury, Md.			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DATE		235 SUNTAL CREMATION, 236. DATE THEREOF	1225 MILE OF CHINESE	OR CRIMATONIA	23d. LOCATION (City, lov	vn or county) (State)			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE DATE 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE		5.16.61	archive "	COULT INCHINA	Bulling	no jula			
DATE		24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2 Sa. RE	AP 2 D 6	SISTRAR'S SIGNATURE			
				DATE	All & O O				

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 30 DMEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission) thin 24 hours after death. If telay is necessary, Give Pages 1, 2, and 3 to the tuneral director. Page a. STATE **b.** COUNTY Health umus MARYLAND CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write NURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAY and give nearest town) 5 eollurs O d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar e. IS RESIDENCE ON A FARM? YES NO K State death. 3. NAME OF First Middle Month Day Year DECEASED OF the (Type or print) DEATH 1961 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 2 with lest birthday) Months Days Hours MIDOWED DIVORCED and 27 De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) malie pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) with any This certificate should be executed in pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) Office along was burial-frensit pamoval, and in INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) "pending" gave risa to immediate cause (0) Examiner's DUE TO (e), stating the underlying 35 causa last. pesn ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10-1 CERTIFICATION 19. WAS AUTOPSY PERFORMED? ecute the certificate, writing the word be forwarded to the Chief Medical E RAL DIRECTOR: Page 3 should be cremati NO 2Da. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I of Part II of item 18.) MEDICAL EXAMINER: shauld be forwarded to the Chief Me shauld be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho 2Dd, INTURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, While Not While factory, street, office bldg., etc.) 2Df (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) 20 While Not While at work at work 1960 prior X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Induiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) perial 40 23. FUNERAL DIRECTOR ADDRESS. 24a. AR 7 61 REGISTRAR'S SIGNATURE VS. A15ME nother S. Thous 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3676

CERTIFICATE OF DEATH

I. PLACE OF DEATH				1 2		NCE (Wher		institution: Re	sidence before edmission
	comico		MARYLAN	D	e. STATE Mar	yland	b. COUN	Ker	it land
b. CITY OR TOWN (if write RURAL and of Salisbur	give neerest town)	15,	c. LENGTH OF STAY IN	1b		(If outside	corporate limits, write	RURAL end	give neerest town)
	ad State		pitel, give street address)		d. STREET ADDRES		nue		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECKABED (Type or print)	First Harr		Middle]	lack	4. DAT	re Month		Dey Yeer 11 19 61
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIE	NEVER MARRIED DIVORCED	Ma Ma	y 189	7	9. AGE (In years 63st birthday) yrs.		eys Hours Min.
10a, USUAL OCCUPATIOn done during most of work	ON (Give kind of working life, even if retire	id) IDb. Ki	ND OF BUSINESS OR INDE	JSTRY	Maryla Maryl	-	, or foreign country)	US CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME Pe	rry Blac	k		14	MOTHER'S MAIDE	annah	Bowser		
15. WAS DECEASED EVER	R IN U.S. ARMED FOR resgive werordelesofs	nettien)			neta Jac	obs	Chestete		n, Md.
PART I. DEATH	WAS CAUSED BY: AMEDIATE CAUSE (e) DUE TO which le couse	Me Se	eningitis, pu eningitis, pu epticemia umerous infec						interval setween onset and death hrs Weeks 2 months
Cere	The state of the s								
20c. TIME OF INJUR Hour e.m.	Y Month, Day, Ye	While			Of INJURY (Home, fi street, office bldg., o		(City or town)	(Coun	(Stete)
			ded the deceased from 19 61 , and		ath occured_at.	M_f	rom the causes		e date stated above
22e. SIGNATURE	Vjueri	uar	1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF		3/13/61
22c. PHYSICIAN'S NAME (Type)	V. Juerma	an, M.			Variable to the terminal to	lead Ho	ospital; S	alisbu	ry, Md.
230, BURIAL, CREMATIC REMOVAL (Specify) BULIAL		REOF .6,196	1 Broad I		_		Chestert		
24 FUNERAL DIRECTOR'S	SIGNATURE	1	Chestertor	m,	MG.	REC'D BY RE	GISTRAR 25b. REG	SISTRAR'S SI	

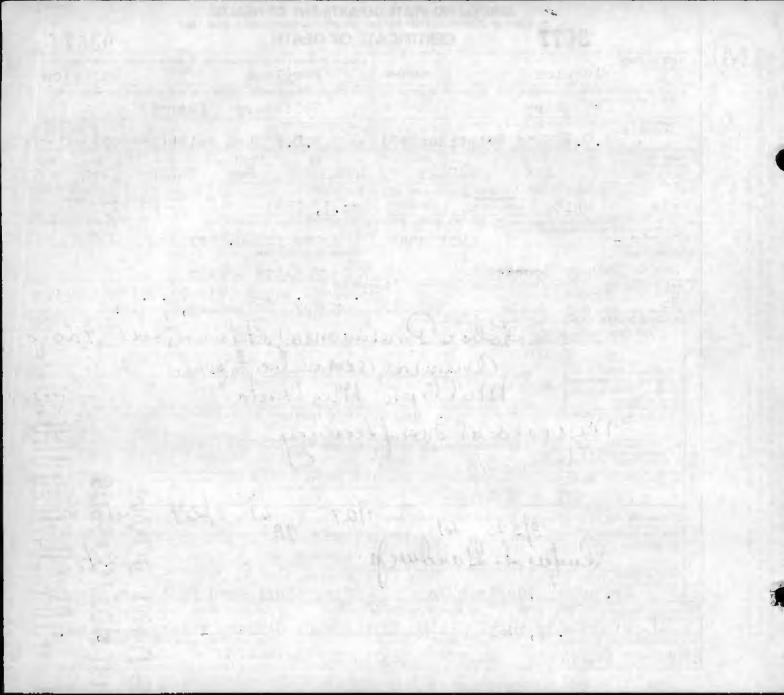
tra Augun 20 and the same of the same of the same Tratagorial addition and the contract of the c zwi-li Michaely Later Cell Survey and allowed the committee of the committee o and the second of the second A STATE OF THE PERSON OF THE P . a ground of a large ball of the Land Landon March Comment of the Comment

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03672

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who		WILLIAM -	icomic			
b. CITY OR TOWN (If outside corporate limits, write	e c. LENGTH OF STAY IN 16	G. CITY OR TOWN (If ou				_		
RURAL and give negrest town)		X Salish		Rural)				
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	eet address)	d. STREET ADDRESS			e. IS RESIDE			
R.D.# Shad I	Point(Box#97)	R.D.#	Shad Poi	nt(Box#9				
3. NAME OF First DECEASED	Middle	Losf	4. DATE OF	Month	Doy Yea	ır		
(Type or print) LEE	WARREN	BOUNDS	DEATH I	MARCH 2	4th 19	61		
5 SEX 6. COLOR OR RACE 7. M.	ARRIED 🖪 NEVER MARRIED 🗌	B. DATE OF BIRTH	9. AGE (I	41 ()	YEAR IF UNDER			
Male White wind	OWED DIVORCED	Dec.1, 1891	. 69	yrs. Months 2	3 Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	Ob. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZE	N OF WHAT COL	JNTRY?		
Laborer -	Gardener	Worcester	Co. Mary	rland U	SA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA						
James Warren Bound	ŠO	Mary Alic	e Carter	•				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		. Address	= 2 72 1	- 1-		
(Yes, no, or unknown) (If yes, give wor ar dates of service)	Ía	rs.lda R.Bou		Marylan		nt		
18. CAUSE OF DEATH [Enter only one couse pe	r line for (a), (b), and (c))	1	2.0	DA.	INTERVAL BETW			
PART I. DEATH WAS CAUSED BY: A obor Incumona Ktoward ale ONSET AND DEATH								
203 × DUE TO								
Conditions, if any, which)	() so the part of							
gave rise to immediate pursua AAA (14- A AAA)								
lying couse lost.	couse (d), storing the under-							
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMIN	AL DISEASE CONDIT	ION GIVEN IN PART	(o) 19 WAS AU	TOPSY		
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER?	Mysocordial monfession PERFORMED? YES NO C							
20a. ACCIDENT WAS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCUR	ED. Enter nature of injury in P	ort I or Port II of iten	n 18.)				
	N/A	0						
= "		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(Co	unty)	(Stote)		
p.m. N/A 19 of	nile Nat while work at wark	N/A	N/A /	- 1	,			
21. I certify that (I) (this haspital) atte	ended the deceased fram	1/27 19	el 10 3/2	4. 196	, that (I) (we	tank te		
saw the deceased alive an 3/2	~ / 6	death accurred affA	M from the cau					
22o. SIGNATURE		deally accounted divine	in, troil the ede	ises and an me	, / 22b. D	DATE		
Kulees of	· Lardue	ATTENDING ME	D. STAFF	□ March	1/19	6 I		
72c. PHYSICIAN'S		72d. ADDRESS						
Dr. Rufus S. Gar	rdner Jr	Pine Bluf	f Road S	Salisbury	Maryl	and		
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City		(State)			
REMOVAL (Specify)	- CDDTNO HT		RDENS #		24.0			
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	all the second state of th		SALIS BUT				
HOILOWAY & COMPANY S	SALISBURY MAR	YLAND DATE MA	R 2 7 '61	Circling L.	times			



William H. James Jr. Princess Anne, Md

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

Doys

(County)

arthur & Heard

Month

yrs.

Address

DATE MAR 1 0 '61

Months

ON A FARM?

YES NO

Year

19

VS A15 (4)

15M 9/5B

79. 45. Total and the Deptar in a said BOLDERY STREET, I THAN SEE ON SEE ONES

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission) al director. Parad of Feelin, e. COUNTY a. STATE **b.** COUNTY Wicomica MARYLAND Maryland Wicomice
c CITY OR TOWN (If outside corporate limits, write RURAL and give meetest town) b. CITY OR TOWN (if outside corporate I mits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, givastreet address) . IS RESIDENCE ON A FARM? 406 Peninsula General Hospital Clairbourne DATE Month DECEASED OF 2 with the (Type or print) DEATH 3-31-61 19
9. AGE (In years | FUNDER 1 YEAR | 15 UNDER 24 HRS." Covington

150 8. DATE OF BIRTH 7. MARRIED V NEVER MARRIED ss 1, 2, and 3 bage 5 may 1 and 2 will last birthdey) Months WIDOWED [DIVORCED 10a. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B BYHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages I within 13 FATHER S NAME 16. SOCIAL SECURITY NO. 1 17. (if vesque werordetas of servica) (Yes, no (ps. unkown) in pencil in Item 18; Office along with fra burial-transit permit 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO Arterio-sclerotic cardio-vascular disease Years (b) PLYcute the certificate, writing the word "pending" and be forwarded to the Chief Medical Examiner's CINERAL DIRECTOR: Page 3 should be used as a bdesignated agent, prior to burial, cremation, or rem gava r sa to immediate causa DUE TO (a), stating the undarlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Dey, Yeer (County) (Stata) factory, streat, offica bidg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion Undetermined manner death resulted from. Matural causes Y Accident Suicide Homicide 1 CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE EXAMINER'S EAT DEPUTY MEDICAL EXAMINEX NAME (Typa) Att Pass (Streat, city, town, or county) Shury Add BUR. AL. CREMATION 22d. LOCATION (City, town, or country) MEMOVAL (Specify) 40 24a. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE DATE APR 1 0 '61 VS. A15ME arthur S. Kraus 5M 7/59



DIVISION OF STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12 Film Gro4 USUAL RESIDENCE (Where decessed I'ved, If institution: Residence before edmission) PLACE OF DEATH . COUNTY **b.** COUNTY Wi.comi co by the land 2 death. Caroline MARYLAND b. CITY OR TOWN (if outside corporete limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Salisbury 17 days Preston filled . IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Deer's Head State Hospital Route 2 NAME OF 4. DATE DECEASED OF (Type or print) DEATH Benjamin Davis Mar. bon 6. COLOR OR RACE 7. MARRIED NEV MARRIED 9. AGE (In yeers , IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months Days Male Colored | WIDOWED [event, DIVORCED any even physician TOO. USUAL OCCUPATION (Give kind of work 105. KIND C OUSINESS OR INDUSTRY 1 12. CITIZEN OF - 4 OUNTRY? done during most of working life, even if retired) South Carolina U.S.A. 13. FATHER'S NAME 0 ding pole John Davis Creasy Meckino 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO., 17. INFORMANT Address [Yes, no, or unkown) | (If yes give we ror dates of service) Hospital Records Deer's Head State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 days Hepatic Coma IMMED ATE CAUSE . 01 DUE TO Carcinoma of the head of Pancreas with metastases Conditions, if enly, which gave rise to immediate cause to abdominal organs DUE TO (e), stating the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1 ... 19. WAS AUTOPSY PERFORMED? NO [use Prior 200. ACCIDENT WAS UNDERLYING UD OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) for 20s. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY Home, farm, 20f. (City or town) Month, Day, Yaar factory, street, office bldg., etc.) Not While While Hour a.m. el work el work Mar • 30 19 61 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Mar. II: 19 61 to 22b. DATE 22a. SIGNATURE ATTENDING MED. 61GNED STAFF PHYS, DIRECTOR PHYS. 22d. ADDRESS 22c. PHYS CIAN'S NAME (Type) V. Juerman, M. D. Head Hospital; Salisbury, Md. director, be filed 23d. LOCATION City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 235. DATE THEREOF REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR'S VR A15 (4) 15M 9/60



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 6 2		CERTIFICATE OF DEATH Reg. Dist. No. (1367)
Poge director	.)[7	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institut on Residence before admission) o. STATE b. COUNTY b. COUNTY
death. uneral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
after by the f		d NAME OF HOSPITAL (If not in haspital, give street address) OR MSTITUTION REPLACED A GENERAL HILLS PORTAL ON A FARM? YES NO
lled in	3.	NAME OF DECEASED (Type or print)
L Fogg	S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Never Married Never Ma
d comp d comp death.	110	OUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY TI BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY?
cian on corbai	13	FATHER'S NAME IA MOTHER'S MAIDEN NAME IA MOTHER'S MAIDEN NAME
ng physics remove 72 hours	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. DIFFORMANT (St. No. of Linkfordern) (If year, give wor or dotes of service) (If year, give wor or dotes of service)
the death e attendii en please int within		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)-] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)
es that it id by th mit. Th any eve		Condition if any, which gave use to immediate (b) Revail Failure
require	,	tying couse lost (c) Orthonosclautic # Carlinganuly Dis. 2
The law physic has bee rrial-tra moval,	FICATION	PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO
thending ifficate the but or rel	CEBT	OR CONTRIBUTING C CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
PHYSIc ral ar ar this cert rr use as remotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 Other of work of work 19 Occurred to work 19 Occ
NDING e hospii :: Affer iched fa urial, ci		21. I certify that I attended the deceased fram. 3-16, 1961, to 24 March, 1961, that I last saw the deceased alive an March 24, 1961, and that death accurred at 6.7 M, fram the causes and an the date stated above.
R ATTE		ACTUAL SIGNATURE ORGAN (- F. & acual M.D. 707 Camden Ale Salesbury, Mode
should strar pr		PHYSICIAN'S NAME (Type)
O HOSP may be O FUNE poge 3 the regi	27	REMOVAL (Specify) 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY (Stole)
VS A15 (4) 15M 9/5B	23	SEUNERAL DIRECTOR'S SIGNATURE . (DIL 2110) LIFE DATE MAR 3 0 '61 CLUMA & KAMA



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? YES NO IX Day Year 19 6/ 9. AGE (In years (fost bulbday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES NO

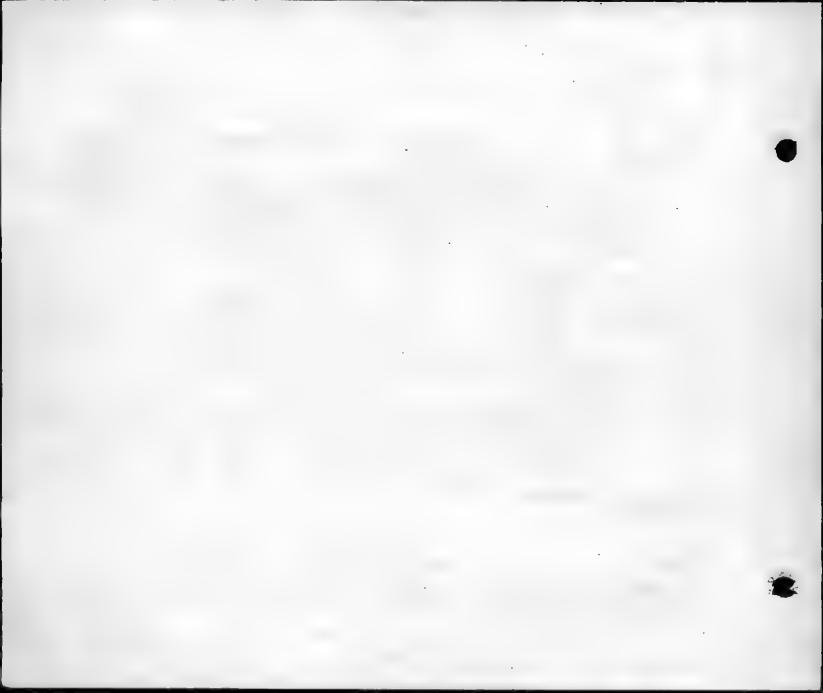
DATE

(County)

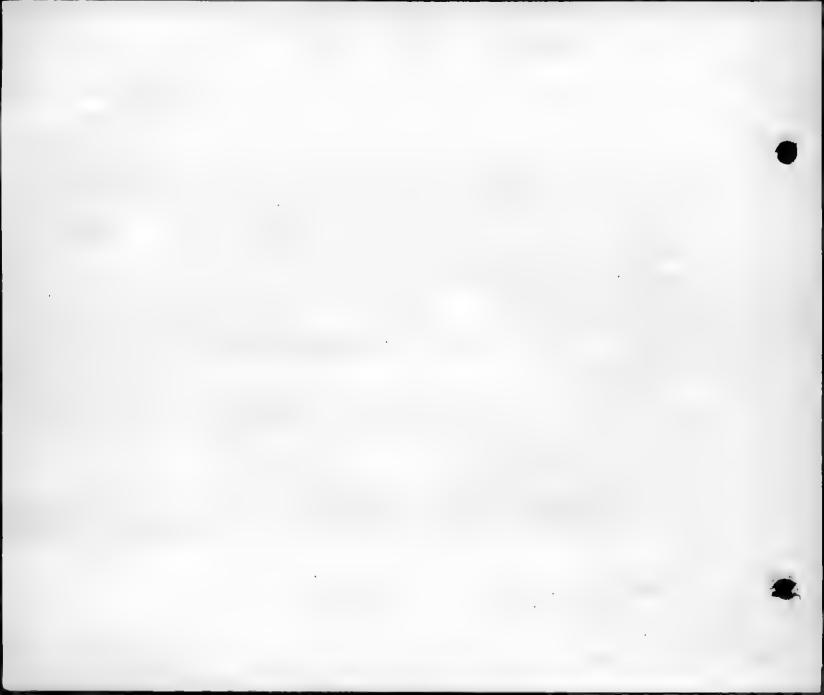
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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15M 9/60

	BEETS				2.7 m m	
3685	CERT	IFICATE	OI	D	EΑ	TH

3685	CERTIFICATE	OF DEATH	03680
1. PLACE OF DEATH a. COUNTY WICOMICO	MEDVI END	2. USUAL RESIDENCE (Where dece	b. COUNTY Worcester

Wicomico	MARYLAND	* STATE Maryland	Worcester Work
b. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate limits, write RURAL and give nearest tow
Salisbury	_ 57 days	Pocomoke City	y

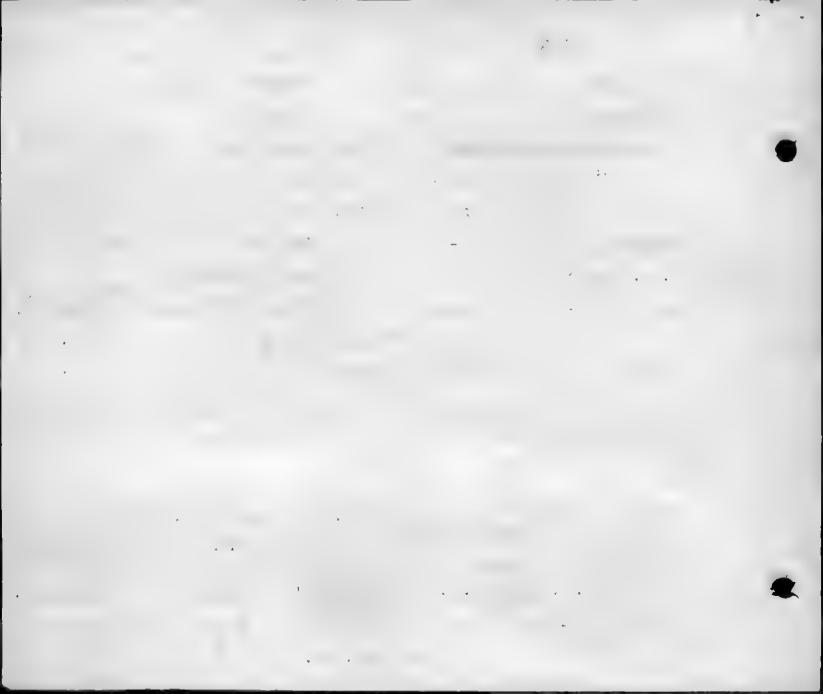
/	write RURAL and give nearest town)	C. EGROTT OF STAT IN TO	C. CITT OK IO HIT (II	ouside corporare minis, wine	KOKAL GIR & 10 HOGIOSI TOWII)
	Salisbury	57 days	Pocomoke	City	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in a		d. STREET ADDRESS	0203	I e. IS RESIDENCE
				~ .	ON A FARM?
	Deer's Head State Hos	pital	510 Market		YES NO
3.	NAME OF First DECEASED	M ddle	Last	4. DATE Month OF	Dey Year
+	(Type or print) Ella	Taylor	Gladding	DEATH March	3 19 61
5.	FEX 6 COLOR OR RACE 7. MARI		8. DATE OF BIRTH	9. AGE (In years	
	/TI TEI			B tales b t	Months Days Hours Min.
		VED DIVORCED	Feb. 9, 187	УУ В4 уг.	
10 d	ta. USUAL OCCUPATION [G ve kind of work one during most of working I fe, even if retired]	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Count	ly & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife		Virgin	nie	USA
	. FATHER'S NAME		14, MOTHER'S MAIDEN		
	A T Mowles		1 Donn	loon Transled on	
	A. J. Taylor			nn Justice	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (es. no. or unkown) [liyesg yewerordates of service]			Address	510 Market St.
	No	None I	Mrs Gladding	Davis, Poc	omoke City, Md.
	18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).)	The state of the s		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	rteriosclerotio	hannt dicone		ONSET AND DEATH
	IMMEDIATE CAUSE (e)		, Mear o dibeas	· ·	Yrs
	DUE TO	etamianalamania			
	[0]	rteriosclerosia	, general		Yrs.
	geve rise to immediate ceuse DUE TO				
	(6), stating the underlying				
-		ONTRISE TING TO DEATH SET	NOT BELATED TO THE TERM A	A DISEASE CONDITION GIVE	EN IN PART I(a) 19 WAS ALTOPSY
CATION	TACI II OTHER SIGNIFICATE CONDITIONS O			CAL DISCUSE CONDINO.	PERFORMED?
13	Fronchopneumonia	a, right	Diabetes	mellitus	YES 🔣 NO 🖪
CERTIFI	20a. ACCIDENT WAS UNDERLYING _ 20b. D	ESCRIBE HOW INJURY OCCUR	ED. (Enter nature of intury in f	Part I or Part L of Item 18.)	
l iii	OR CONTRIBUTING [] CAUSE OF DEATH [(IF EITHER, NOTIFY MEDICAL EXAMINER)				
7	20c. TIME OF INJURY Month, Day, Year , 20	H. INJURY OCCURRED 200. P	LACE OF INJURY [Home, farm	. 20f. (City or town)	(County) (State)
MEDICAL	Hour e.m. W	nileNot While fi	sclory, street, office bldg., etc.		
M.	p.m. 19 at v	rork at work			
	21. I certify that (I) (this hospital) atte	anded the deceased from	Dec. 8	1960, to Mar. 3	, 1961, that (i) (we) las
	saw the deceased alive on March				
	22e. SIGNATURE			12 A.M.	22b. DATE
	ZZe. SIGNATORE	11		AED. STAFF	SJGNEI _ L

3/3/61 22d. ADDRESS 22c. PHYSICIAN'S

NAME (Type) V. Maldve, M. D. Deer's Head State Hospital; Salisbury, Md. 23c. NAME OF CEMETERY ME COLE TAID 23d LOCATION (C'ty, lown or county) BURIAL, CREMATION, 236. DATE THEREOF

(Stete) REMOVAL (Specify) Bethany Methodist Pocomoke City. Maryland

258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE ADDRESS Pocomoke City, Md DATE MAR 7 arthur S. Kraus



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE 3686MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution, Residence before e.dm. ssion) y is necessary, I director, Page or your files. a. COUNTY e. STATE b. COUNTY Maryland Wicomico Wicomice MARYLAND b CITY OR TOWN (if outside corporate I, mits. c. LENGTH OF STAY IN 16 for your write RURAL and give neerest town) a Salisbury Salisbury 6. days. Boar . IS RESIDENCE 70 ON A FARM? Peninsula General Hospital YES NO 3. NAME OF Yeer DECEASED OF (Type or print) DEATH 9. AGE (In yeers IF UNDERTYEAR Gordon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Pages 1, 2, and 3 to 3. Page 5 may be bases 1 and 2 with within 72 hours at IF UNDER 24 HRS last birthdey) Months WIDOWED DIVORCED Sept. 100. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or foreign country) IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) None Delaware None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. Give Pa Isaac Dixon Elizabeth Gordon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) permi Elizabeth Gordon, Salisbury, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ing" in pencil in the says Office along von a burial-transit premove, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Generalized peritonitis IMMEDIATE CAUSE (e) days DUE TO Conditions, if eny, which - Gangrene segment of ileum Examiner's (

sed ma deve rise to immediate cause DUE TO (e), stelling the underlying so lost. (c) Acute salpingitis - 8 days - PART II OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati 3 the certificate, writing the wand forwarded to the Chief Medical LIRECTOR: Page 3 should be NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18) 2De. EXTERNAL CAUSE WAS th ceruis.

s forwarded to the Chief Mec.

AL MRECHER: Page 3 should be seen to burial, or PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 2Df, (City or lown) (County) (Stote) fectory, staget, office bldg., etc.) While _Not While et work at work 21 I certify that I took charge of the remains described above, held in A Inspection V Inquiry T and in my opinion death resulted from. Natural causes X Accident Suicide Homicide Undetermined manner MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE Earl L. Royer, UTY MEDICAL EXAMINER X should NAME (Type) Camden Adde (Street, city, town, or county) 220. SURIAL, CREMAT ON. 226. DAJE THEREOF 22d. LOCAT ON (City, town, or country) REMOVAL (Specify) 6 **₹** 0 ā VS. A15ME DATE APR Orthur S. Huns 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



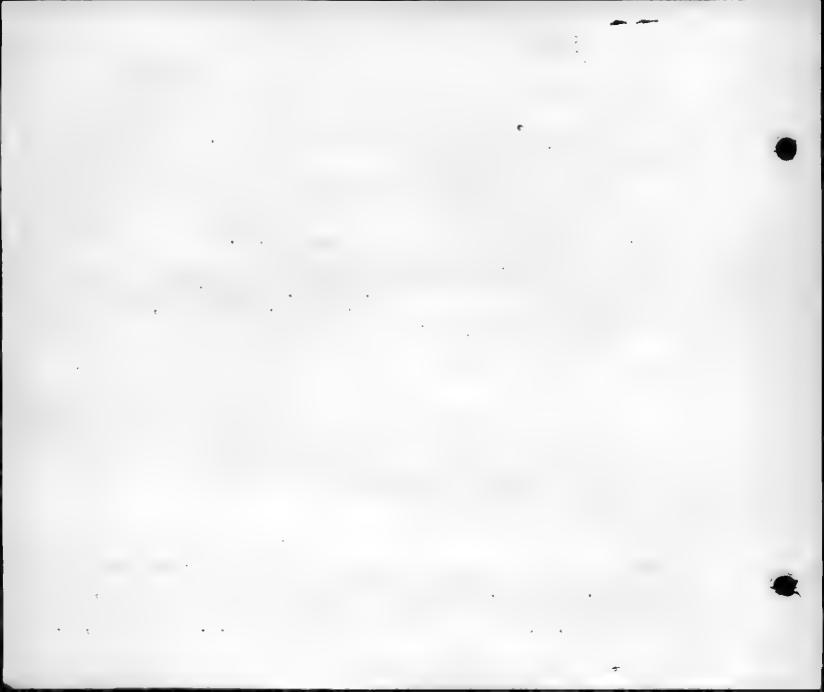
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
28 8	d	3688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 11365
ati ita		1. PLACE OF DEATH , 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)
5/	T.A.	O. COUNTY WICOMICO MARYLAND O. STATE MATYLAND b. COUNTY WICOMICO
, io ([141]	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ond give nearest fown)
2 3		SALISBUTY 3 V/S. SALISBUTY
- to - to -		d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES.DENCES ON A FARMO
9		Peninsula General 713 Richmond Aye. I VES INO I
tro i		3. NAME OF First Middle Last 4. DATE Month Day Year OF
ya		(Type or print) / NOMAS JUNIOR HARRIGAN DEATH 3 20 196/
P P P		5. SEX 6. COLOR OR RACE 7. MARRIED 1 8. DATE OF BIRTH 9. AGE (in years lead birthday) Months Days Hours Min.
in the		//AIC //E970 WIDOWED DIVORCED 10-3-34 26 yrs. 10015 11015 11015
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e Se		LABORER CAMDEN - NEW JETSEY U.S.A.
1, 2 may 1, 1	(T)	13. FATHER'S NAME
ages l ge 5 m poges		Wilmer P. HArrity Helen revenee
Page 1		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL/SECURITY NO. 17. INFORMANT (I'm, no. or unknown) (If you, give wor or dates of service)
(Q 64)		yes korean 136-26-2994 ETHEL B. HATTIGAN - 713 Michmond Ave.
2 Z E		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
E E E		IMMEDIATE CAUSE (0) NOCCTON CONTROL SUCCESSION
ith ite		DUE TO
10 m 0		Conditions, if any, which {b} gove rise to immediate cause
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E O B	* Y.	PERFORMED? YES \(\text{NO} \)
er's		20n EXTERNAL CAUSE WAS 20h DESCRIBE HOW INTIREY OF CHIEDED (False notive of fairer in Part Les Part II of fam 19.1.)
PEP(787	E PRIMARY D'or CONTRIBUTING D CAUSE OF DEATH.
war. Exc	* //	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Not while Not while factory, street, office bldg., etc.) Not work of twork of two
Fice 3		Hour am. 3 20 1961 of work of or work of Della Street, office bldg., etc.) / Mile N. Dalhi Survey D
M S S S S S S S S S S S S S S S S S S S		21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection Inquiry , and find the
hief DR:		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ECT OF		
d the		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNIED
A A		EXAMINER'S F ASSISTANT MEDICAL EXAMINER 3-21-4
NET		NAME (Type) DEPUTY MEDICAL EXAMINER
for y	3	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
7		3-25-61 VIDTIDITAL REVEYLY NV CAMBER - NEW JETSEY ADDRESS ADDRESS 1240, REC'D BY REGISTERS SIGNATURE
5. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
SM 9/55		CARREST. VICES VIVERION VILLY DATEMAN "



please to the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a burial-trans't permit. Fire pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any efect within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3689MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03684

٠	1. PLACE OF DEATH o. COUNTY 2. USU o. SI	AL RESIDENCE (Where decessed lived, if institution; Residence before edmission) ATE b. COUNTY
	Wicomico MARYLAND	Maryland Wicomico TY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. ST.	REET ADDRESS ON A FARM?
5	DECEASED (Type or print)	Asi 4. DATE Month Dey Year OF DEATH 2007 (7 10
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF	9K 1-2(-01 1)
		THPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY?
		HER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) (If yesgive werordates of service)	Address Address
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED 8Y1 IMMEDIATE CAUSE (e) Drowning	INTERVAL SETWEEN ONSET AND DEATH Sudden
	Conditions, Il eny, which (b)	
	(e), stetling the underlying DUE TO cause lest. (c)_	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6 19. WAS AUTOPSY
	PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION PRIMARY OF CONTRIBUTING CONTRIBUTION PRIMARY OF CONTRIBUTION C	PERFORMED?
- 1	ROUNG GROWNED IN NAME	JRY (Home, ferm, 20f. (City or lown) (County) (Slete)
	Theur a.m While Not While rectory, street,	e River Waterview Wicomice Md.
	death resulted from. Ratural causes . Accident . Suicide .	Homicide, Undetermined manner
	SIGNATURE	SSISTANT MEDICAL EXAMINER DATE SIGNED EPUTY MEDICAL EXAMINER TX
	NAME (Type) 107 Comden Ave Salisbury 220, BURIAL, CREMATION, 225. DATE THEREOF 220. NAME OF CEMETERY OF CREMATO	LAD
	REMOVAL (Specify) 3/2 / / / / / / / / / / / / / / / / / /	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	(N) 1 /2 socti DI 4: 2/1:3	DATE APR 3 61 Cirkhun L. Kraya



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) e. COUNTY loald be exacuted within \$4 flours after \$\text{\$a\$}\$ and \$1\$ the funeral director. Page office along with form PM3. Page 5 may be retained for your files. buriel-transit permit. File pages 1 and 2 with the State Board of Health, movel, and in any event within 72 hours after death. e. STATE **b.** COUNTY H MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN III OUTS COMPLETE c. LENGTH OF STAY IN 16 write RURAL end give neerest town! Nanticoke River d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO T 3. NAME OF First Middle 4. DATE Last Month Dev Yeer DECEASED OF (Type or print) DEATH Granvilla 19 Gorman Horner 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months Dave Hours Min. WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Farmer and waterman USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A Horner Samuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address · · (Yes, no, or unkown) | (If yes give wer or detes of service) Clarence Horner, Bivalve, Maryland 220-03-1496 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (e) Drowning Suddan DUE TO (6) geve rise to immediate cause 10 DUE TO (e), stetling the underlying 50 Examiner' cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-1 19. WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word forwarded to the Chief Medical L DIRECTOR: Page 3 should by ated agent, prior to, burial, crema NO T 20e. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) CAUSE OF DEATH. capsized while fishing. MEDICAL 20c. TIME OF INJURY Month, Dey, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (Cily or town) (Stete) (County) fectory, street, office bldg., etc.) Not While el work X et work Nanticoke River Bivalve Wicomico 21. I certify that 1 took charge of the remains described above, held an Autopsy . Inspectiony Inquiry Y and in my opinion Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide 1 CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE Royer, M.D. DEPUTY MEDICAL EXAMINER Y 3-13-61 EXAMINER'S NAME (Type) Salisbury ddreini Greet, city, town, or county 220. BURIAL, CREMATION. 22d. LOCATION (City, lown, or country) (Stelle) REMOVAL (Specify) ₽40 p Bivalve Cem. Bivalve Burial Marvland FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Bivalve 5M 7/59 DATEMAR 1 5 '61 Cirthur & Tyrous

MARYLAND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceesed lived, if institution, Residence before admission on the country of the coun	1	Division of	MA! STATISTICAL RESE	RYLAND STATE DI			LTIMORE 1, MA	RYLAND
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BECRARED Type or einfill	ed for your e Board			hospital, give street addrass)		lv•		e. IS RESIDENCE ON A FARM? YES NO
S. SEX COLOR OF RACE T. MARRIDD NEW MARRIDD TO VARKED T	Stal	DECEASED	F rst	Middle	Last	OF	Month D	y Yeer
Month Mont	y be rith the safter		Robert Rey	nolds Horner	DATE OF BIRTH	9. AGE (n years IF UNDER 1 YEA	R IF UNDER 24 HRS.
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(Yes, mo, or unknown) (flyst grewer of class class rectangles of the control war 2 (14-18-4090 Clarence Horner, Bivalve, Maryland Per 18 (15 Cause of Death [Enler on y one cause per line for (e), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DE TO Conditions, if eny, which geve rise to immediate cause (e), the fing the underlying cause last. PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTONS PERFORMED? PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTONS PERFORMED? PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTONS PERFORMED? PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTONS PERFORMED? PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTONS PERFORMED? PERFORMED? PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTONS PERFORMED? PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTONS PERFORMED? PERFORMED?	M3. Pag		D	ept. of Corre		AME	Ū	SA
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ACTUAL SIGNATURE EXAMINER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X 3-13-61 NAME (Type) 1.07 Camdon Ave. Salisbury Add (Street, c.ty, town, or county) 22a. BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY Burial 3/13/61 Bivalve Cem. ADDRESS 24e. REC'D BY REG. STRAR 24b. REGISTRAR'S SIGNATURE	ECTO				ide, Homicide Ţ	, Undeterm	14.53	,
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23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR'S SIGNATURE	B	REMOVAL (Specify)						
17/59 (/ / Bivelve, Marlland DAMAR 15'61 arthur & Kraus	H		. /		24a. REC'I	BY REG.STRAR 2	b. REGISTRAR'S SIGN.	ATURE
		-1/2/s	Biv	elve, Marllan	d DAMAR	1 5 '61	arthur S. Kra	uA .



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) e. COUNTY **b.** COUNTY Worcester Wicomico the od 2 MARYLAND b. CITY OR TOWN (if outside corporete l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town write RURAL and give nearest town) Berlin Salisbury Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO 3. NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH 61 19 March Hester Amelia 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. lest birthdey) 888 Female WIDOWED D DIVORCED [IDe. USJAL OCCUPATION (Give kind of work physician 940 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired TOUS EINIF 14. MOTHER'S MAIDEN NAME attending pl 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17 INFORMANT Address (Yes, no, or unkown) (If yes give wer or datas of service the IB. CAUSE OF DEATH [Enter on y one cause per into for (e), b], and (c) (INTERVAL BETWEEN 2 Hours PART I. DEATH WAS CAUSED BY: Coronary Thrombosis IMMEDIATE CAUSE (a) DUE TO Years Heart Disease Conditions, any, which geve rise to immediate cause DUE TO (a), stating the underlying A S Gen. PART II. OTHER'S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus, diabetic gangrene NO T 206. ACCIDENT WAS UNDERLYING _____ 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)
OR CONTRIBUTING ___ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (Stete) 2Dc. T.ME OF INJURY Month, Day, Year While _Not While fectory, streat, office bldg., atc.) Hour a.m. at work el work 21. I certify that (I) (this hospital) attended the deceased from March 2 1961 to March saw the deceased alive on March 22e. SIGNATURE 7:15 A.M. 22b. DATE 25/61 IGNED ATTENDING D RECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Maldve. M. D. Deer's Head State Hospital; Salisbury, Md. 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) 후 0 RCRGEN 24 FUNERAL DIRECTOR'S SIGNATUR 256. REC'D BY REGISTRAR 256. REGISTRARIS SIGNATURE VR A15 (4) 15M 9/60

W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH



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ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03688

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	PLACE OF DEATH	icomico		MAR	rland .	o. STATE	E (Where decesse yland	b. COUNT		lence befor		ion)
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(F		alisbury_				N Sal:	isbury	(R)	iral)		
	OR INSTITUTION	TAL (If not in haspital g		_ \		d STREET ADDRE	41		,			FARM?
_	K	.D.# 1(Un	ion	Road)		R.D	<u>.# 1 (T</u>	nion Ro	1)		YES [_	NO [
3.	NAME OF DECEASED	Fir	si	Middle	1	Last	4. DATE OF	Mo	enth	Day	у	Year
	(Type or print)	GOME:		'G.	, I	HUMPHREYS	DEATH	MAR	CH	21		19 61
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In year last birthday)		ER 1 YEAR		
	Male	White	WIDOWI	D DIVORCE	D 🔲	Mar. 29,	1907	53 yr	1 1 1 1	22	Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of wark king life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDU	STRY 11. BIRTHPLACE	(State or fareign	country)	12 (ITIZEN OF	WHAT	OUNTRY?
I	armer	king me, even n remed	'	Farmin	ng:	Hebron.	. Maryl	.and		US	A	
13.	FATHER'S NAME					14. MOTHER'S MAI	DEN NAME					
	Fmorv T	Humphrey	5			Sadie V	Virgini	a Owens	3			
	WAS DECEASED EV	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. I	NFORMANT S. Virgin	to T II.	Ad	dress	e-1D	D	12 7
(10	NO inknown	(If yes, give wor or dates of s	es. A (OB)		Se	is.virgin.	ia L.EU	mpnreys	2 to 19	enka.	· L. f	TANA
F	18. CAUSE OF DE	ATH Enter only one co	use per lie	ne far (a), (b), and (c)			27	No Harris	* ******			TWEEN
		ATH WAS CAUSED BY:	1	1/2	' .	1/200				ONS	ET AND	PEATH
	i 11	IMMEDIATE CAUSE (d	$\neg \bigcirc $	RAMO	AN	9 11665		1260	-		1-1	dy
	(/ · (/ ·		13	1/2/15	7 /	12 -1.	· Sina	T 1			Q	11
	Conditions, if a gave rise to	mmediate		SILPACES	1	Jan Jane	NOR	L. All	220	元之	->>1	afe
	cause (o), stating											
z	lying couse lost.	.) {c)	CONTRIBUTING TO BE	A Thi Ohi	TAKET DELATED TO THE	TERMINAL PACEA	CE COMPUTION O	DVCs t lat 0	ADT 1(-) 1	2 4 14 / 0	ALITOREY
CATION	PART II. UI	HER SIGNIFICANT CON	באטווום	ONIKIBUTING TO DE	AIH BU	I NOT KELATED TO THE	I EKMINAL DIŞEA	SE CONDITION G	IAEM HAL	AKI I(0)	PERFO	DRMED?
											YES [_	NO 🔼
CERTIF	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY O	OCCURRE	D. (Enter nature of inju	iry in Port I or Po	int II of Hem 18.)				
AL	20c. TIME OF INJU			NJURY OCCURRED	20a. Pl	ACE OF INJURY (Home	, form, 20f, (Ci	ly or town)		(County)		(Stote)
MEDICAL	Hour a. m.	N/A 19	While	Not while		ctory, street, office bldg		BT / /	1	,,		
₹	p. m.		of wor			N/55		14/1	3	11		
	21 I certify the	at (I) (this hospital) attend				125 910	2 1-m	A 19	€-4, th	at (l) ((we) last
		sed alive on	MA	19 / and	l that	death accurred at	M, fran	the causes a	nd an	the date		
	220 SIGNATURE	TAN	w	ll.		M.D. ATTENDING	MED.	STAFF PHYS	Mer	ch 2	3 /	SIGNED
	22c PHYSICIAN'S NAME (Type)					22d ADDRESS						
	, , , , , , , , , , , , , , , , , , ,	c.E.A.Pur	nell			652 W.I	Main St	. Salis	bur	v, Mai	ryla	nd
230	BURIAL, CREMATI)F	23c. NAME OF CEN	NETERY C	OR CREMATORY	23d LOC/	ATION (City, lown	, ar count	у)	(Sto	te)
	REMOVAL (Specify	Mar. 24	196	Rockawa	alki	ng Cemete	erv R.	D.# Sal	isb	irv.l	Mary	/land

ADDRESS

SALISBURY MARYLAND

250 REC'D BY REGISTRAR MAR 2 4 '61

256 REGISTRAR'S SIGNATURE

Urthur S. House

D FUNER THRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior ta burial, cremation, or remayal, and in any event, within 72 hours after death. led by the haspital ar attending physicion TO FUNER

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A15 (4) 15M 9/S9

24, FUNERAL DIRECTOR'S SIGNATURE

HOLLOVAY & COMPANY



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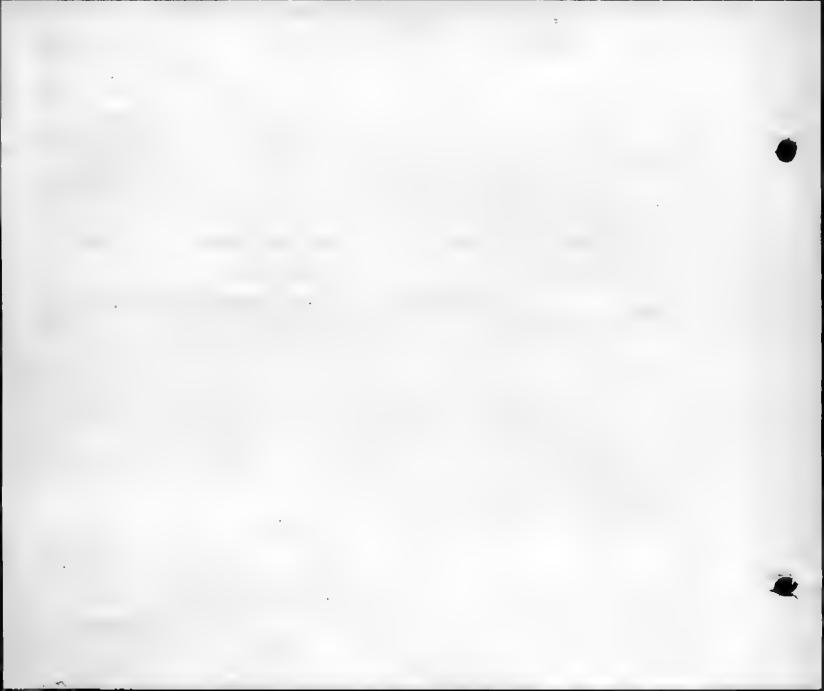
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after death. Page



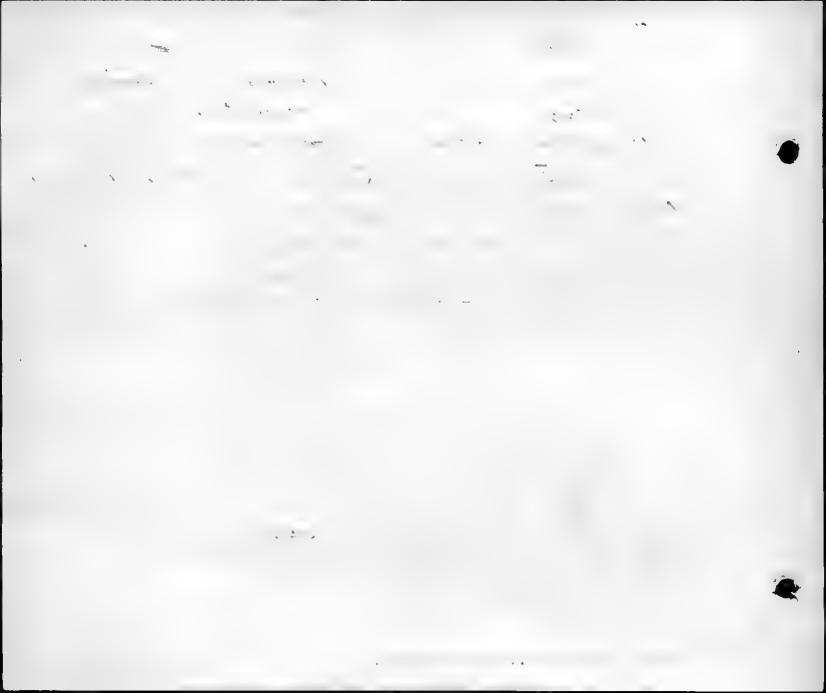
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PLACE OF DEATH

b. CITY OR TOWN (If outs

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
696 CERTIFIC	ATE OF DEATH	1	F	leg. Dist. N	.1136	591
omico Maryland	MARCHA	nd	b. COUNTY	00000000	Z. g.	
ide corporate limits, write town	Marie	utside corporate i	imits, write RUR	AL and give n	earest town	n) - 2
not in pospitol, give street address) At Ken spal Hospital	d. STREET ADDRESS HELDSON	Corner			e. IS RES ON A YES	FARM?
John Middle	Jones	4. DATE OF DEATH	Month	6 1		Year 19 <i>6</i> /
OLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8/15/1800	9 A		Aonths Doys	_	Min
tive kind of work done 10b. KIND OF BUSINESS OR IND fe, even if refired) Scherset cour		or foreign country	1	U S	A .	OUNTRY?
	14. MOTHER'S MAIDEN N	AME				
J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Private work or dates of services 213-01-3818	Hlizebeth Informant Annie Mae Joi	? nes.Mfr	Address ion St		,Md	
Enter only one couse per line for (a) (b), and (c) as CAUSED BY: EDIATE CAUSE (c)	phyles		/		TERVAL BE	
thich (b) Calling DUE TO DUE TO	roma Bli	udde	'v		lem	20_

	RUKAL and give negress town	6	at 40		Marion 5	tation) by	- ,
2	d NAME OF HOSPITAL (IF not in pospit OR INSTITUTION	tol, give street address	tal	d. STREET AD	SON CORN			е		DENCE FARM?
3	NAME OF	Fint Fint	Middle	Lost	4. DATE	Mon	4L			
	DECEASED (Type or print)		riiga is	Tarras	OF DEAT		.1	Day		ear O / /
Վ—	SEX 6. COLOR OR RA	ACE 7. MARRIED T	NEVER MARRIED	B DATE OF BIRTH	1	9 AGE (In veors	IF UNDE	RIYEAR		9 61 R 24 HRS
1)	Mala Nonen	WIDOWED [X]	DIVORCED	3/TE/TS	300	lost birthdoy)	Months	Doys	Hours	Min
100	. USUAL OCCUPATION (Give kind of w	vork done 10b. KIND C	OF BUSINESS OR INDU	STRY 11 BIRTHPLA	CE (Stote or foreign	110	12. CI1	IZEN OF	WHATC	OUNTRY?
	during most of working life, even if re		set count	ty Alaba	ema		U	SA	_	
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME					
	Oliver Jones			Elize 1	eth ?					
	WAS DECEASED EVER IN U. S. ARMED			NFORMANT		Addi				
L			0I-~8I&A1	nnie Mae	Jones.	Marion S	itat:	lon,	Md	
	1B. CAUSE OF DEATH [Enter only or	/	9/. (B), and (c)]	. 11					RVAL BE	
	PART I. DEATH WAS CAUSED IMMEDIATE CAUSED		Muony	zouche	2			01431	Su	5,
	DU DU	E TO	A a series	0	11/11/11	//		1		
	Conditions if ony, which }	(b)	unn	onna .	mun	acr		16	m	0
	gove rise to immediate DU	E TO						T		
	lying couse lost.	(c)								
Į Ž	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	'EN IN PA	RT 1(o) 19	. WAS A	NUTOPSY RMED?
\S		war ,	prelle	ngn	ld,				YES 🔲	NO 🗌
CERTIFICATION		ATH	OW INJURY OCCURRE	D. (Enter noture of	injury in Port I or P	ort II of item 18)				
MEDICAL	20c. TIME OF INJURY Month, Doy,	Year 20d, INJURY	fo.	ACE OF INJURY (H		ity or town)		(County)		(Stote)
MED	p. m.		ot while Tot		5109.7 616.7					
	21. I certify that I attended	the deceased fro	m 2.2	3 , 19 6/	to	1961	that I is	ast saw	the de	eceasea
	alive on 3/1/	196/	_, and that death	accurred at	115 P.M. from	the causes an	d an th	e date	stated	above
	attent.	11/1/2	11/0		ADDRÉSS	Street City or town	Stote)		DAT	SIGNED
	SIGNATURE HIVE	your	lec	M.D	eauzux	Com	1	<i>A</i>	20	101
	PHYSICIAN'S H. A.	Briek	terment and all all all all all all all all all al		allsh	My	M	U.		
220			NAME OF CEMETERY O	R CREMATORY	1	ATION (Lity, lown,	or county)		(Stote	9]
	BREMONAL Specify) 3/6/6		orge Town	AME	Geo:			-		
	FUNERAL DIRECTOR'S SIGNATURE		DDRESS		24o, REC'D BY REGI		STRAR'S S			
	William H.Jomes	Jr. Princ	ess Anne,	IId	DATEMAR 7 '	61	UN D.	/ NAME		



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3697

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1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE Jan + County County
b CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	8. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Middle	Last 4. DATE Month Day Year OF DEATH 19
5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10ty, KIND OF 8USINESS OR INDI	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS lost birthdoy) Wonths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if ratirad)	1/2xx/and
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 ("es, no jon unknown) (if yes, give wor or dates of service)	NFORMANT /2 Robinson, Constitution 11d.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (c)	1 UMELLES
Conditions, if any, which) (b) Willie FC	ums o Heherleusin
gave rise to immediate couse (a), stating the <u>under</u>	, 01
lying couse lost.) (c) Z Page II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg , etc.)
21 I certify that (I) (this haspital) attended the deceased fram.	March 11/2 61. to March 12. 196 f. that (1) (we) last
saw the deceased alive an 19 and that	death accurred atM, from the causes and on the date stated above.
Clerie Hearn	M.D. ATTENDING MED STAFF PHYS SIGNED
122c PHYSICIAN'S CARRIE HE ALL	N 22d. ADDRESS W. Wheresing or Salide
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAR 1 5 '61 Carting & Krana
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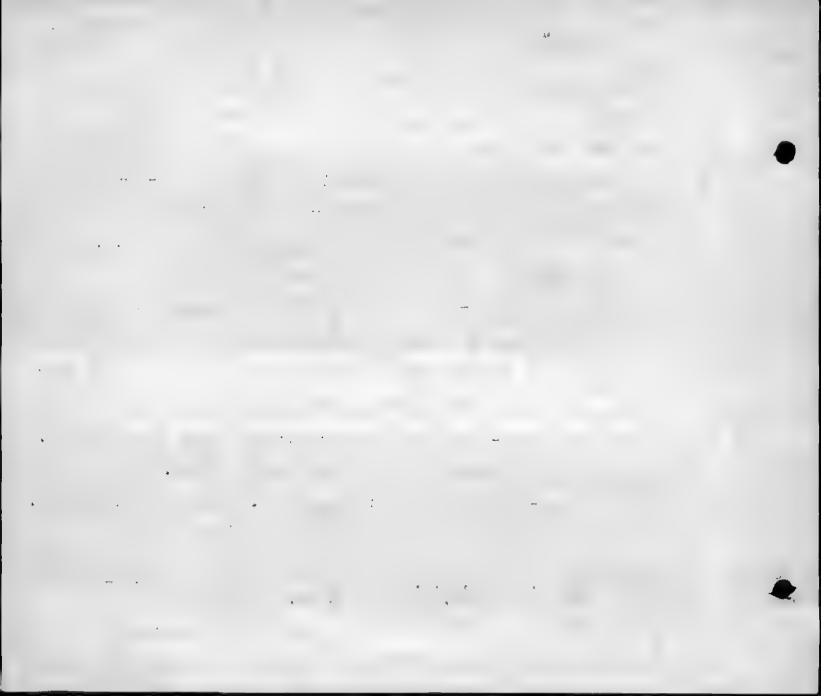


3698MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY uld be executed within 24 hours after death. If at the stay is necessary, in pencil in Item 18, Give Pages I, 2, and 3 to the funeral director, Page in pencil in Item 18, Give Page 5 may be retained for your files. **b.** COUNTY MARYLAND b. CITY OR TOWN (f outside corporete I mits, c. CITY OR TOWN (If outs de corporete limits, write RURAL end give nearest town) e. LENGTH OF STAY IN th write RURAL and give nearest town) Henderson Salisbury
d. NAME OF HOSP TAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ONA FARM? None YES NO Head State Hospital Middle 4. DATE Month DECEASED ge 5 may be re and 2 with the 72 bours after d (Type or print) DEATH Kusmaul 7. MARRIED THEYER MARRIED 1 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DIVORCED WIDOWED [TOB JSUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit, File pages 1 and done during most of working life, even if retired) Carpenter None Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Kusmaul Rosa Milke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordeles of service) Walter Kusmaul Henderson, Maryland 18. CAUSE OF DEATH [Entar only one cause par lina for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute pulmonary edema-Hours DUE TO Tracheo-bronchitis days {b} gava rise to immadiata cause DUE TO (a), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY gremation, Acute depression-generalized metastatic carcinoma from prostate. X

20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) should be forwarded to the Chief Medical PUNERAL DIRECTOR: Page 3 should be CAUSE OF DEATH. Attempted suicide by cutting threat, 12Dd. INJURY OCCURRED, 2Dd. PLACE OF INJURY (Home, farm., 2Dd. (City or town) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.] Not While at work at work IN Deers Head Hosp. Salisbury Wicomico Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion death resulted from. Natural causes Accident [Suicide 🏋 . Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Royer EXAMINER'S NAME (Type) Salisbury Addriff Street, city, town, or county)
NAME OF CEMETERY OR CREMATORY 22d, LOCATION (C 22a. BURIAL, CREMATION. 22d. LOCATION (City, lown, or country) REMOVAL (Specify)
Burial Greensboro Greensboro, Laryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilling S. Kruss 5M 7/59

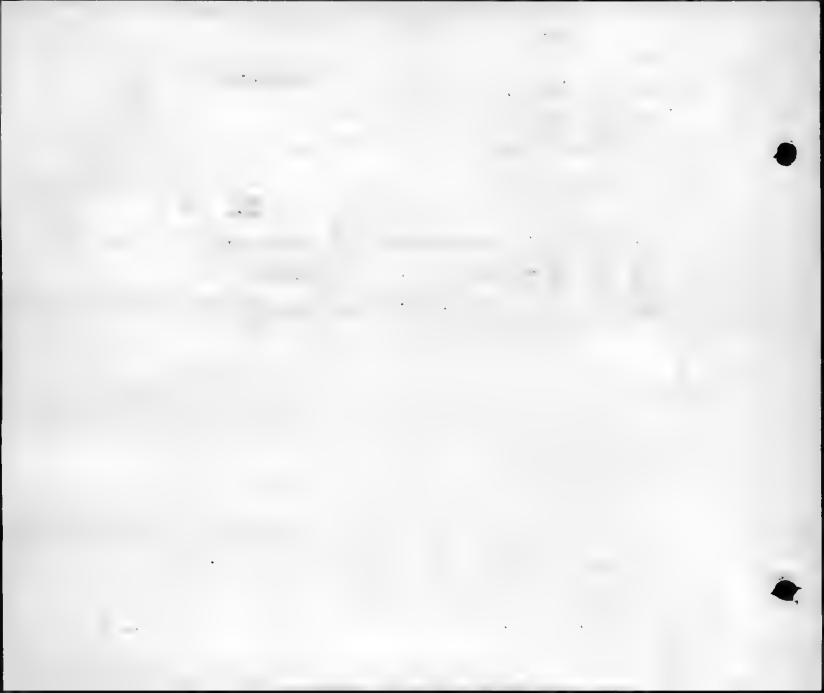
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



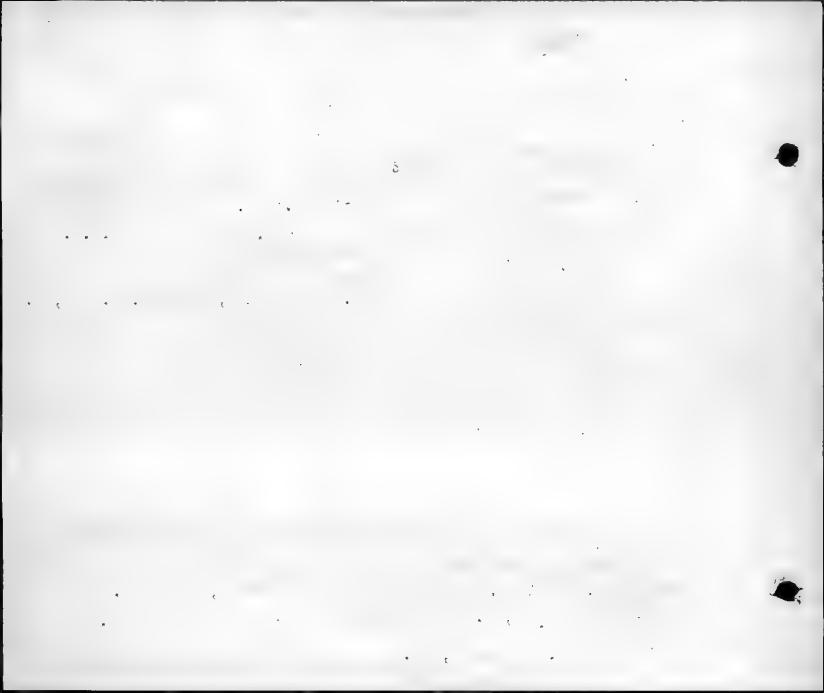
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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CENTIFICATE OF DEATH

03698

ı	3701	CERTIFICATE	OF DEATH	Reg. Dist.	No.
1	1 PLACE OF DEATH 0. COUNTY		JSUAL RESIDENCE (Where decease STATE	ed lived. If institution, Residence	before admission)
	WICOMICO	MARYLAND	maryhan	d Wicom	ico
V		ENGTH OF STAY IN 16	CITY OR TOWN (If outside corpo	prote limits, write RURAL and giv	e nearest town)
	SALISBURY		Hebron	April 10 Apr	
ı	OR INSTITUTION GENERAL HO	SPITAL	d'street address Walnut & Phi	llips Sts.	ON A FARMS
•	3. NAME OF First	Middle	Lost 4. DATE	Month	
	DECEASED	M YAM	ARINE DEATH	march	Day Yeor / 196/
	5. SEX 6. COLOR OR RACE 7 MARRIED P	NEVER MARRIED 🔲 B. DA	TE OF BIRTH	9. AGE (In years IF UNDER 1)	
	temale white WIDOWED	DIVORCED 🔲 Ma	ay 24, 1892	lost birthdoy) Months D.	oys Hours Min
	10a USJAL OCCUPATION (Give kind of work done 10b KIND during most of working life, even if retired)			**	N OF WHAT COUNTRY?
	Retired Shirt Factory En	nployee	Wicomico Co.M.	aryland I	J S A
	13. FATHER'S NAME	14	MOTHER'S MAIDEN NAME		
ı	William Phillips		Roxie Phillip	S	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI [Yes no, or unknown] [If yes, give war or dates of cervice]	AL SECURITY NO NIPOR	George H. Mari	ne(Husband)Wa Webron,Mary	elnut &
	18 CAUSE OF DEATH [Enter only one couse per line for				INTERVAL BETWEEN
ł	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	oriens an	Tem Miroz	ubosia	ONSET AND DEATH
ı	Ta O LOUE TO		7		
	Conditions, if ony, which) (b)	0	U		0
1	gove rise to immediate OUE TO				
	lying couse last.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY
	43				YES NO DY
	PART II. OTHER SIGNIFICANT CONDITIONS CONT 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) A 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (En	ter nature of injury in Port I or Po	rt I) of item 18.)	•
		Y OCCURRED 20e PLACE C	DE INJURY (Home, form, 20f (Cit	y or town) (Co	unty) (Stote)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour a.m. N/A 19 While of work	Not while of work	A N	/A	
	21. I certify that I attended the deceased f	ram 2/28	1961.190.3/	1 196/,that I last	saw the deceased
	alive an 3// 196/	, and that death acc		the causes and an the	
1				Street, city or town, state)	/ DAJE SIGNED
	SIGNATURE Cand Silver	M.D	Salisbury	thel	3/1/61
	PHYSICIAN'S Dr. David J. Gilmo:	re M	edical Center	- Salisbury	Maryland
	220. BURIAL, CREMATION, 22b DATE THEREOF 22c	. NAME OF CEMETERY OR CRE	MATORY 22d. LOCA	ATION (City, town, or county)	(State)
	Burial Mar. 4, 1961	Hebron Ceme	tery H	ebron, Maryla	and
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS		ATURE
	HOLLOWAY & COMPANY SAL	ISBURY MARML	AND DATEMAR 2 '6	31 ariling 8. A	Trave

puo the attending physician and campletely filled. Then please remove carbon papers. Pages 1 and in any event within 72 hours after death may be to read by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by permit. page 3 shauld be detached for use as the burial-transit the registrar prior to burial, cremation, ar removal, and TO HOSP!

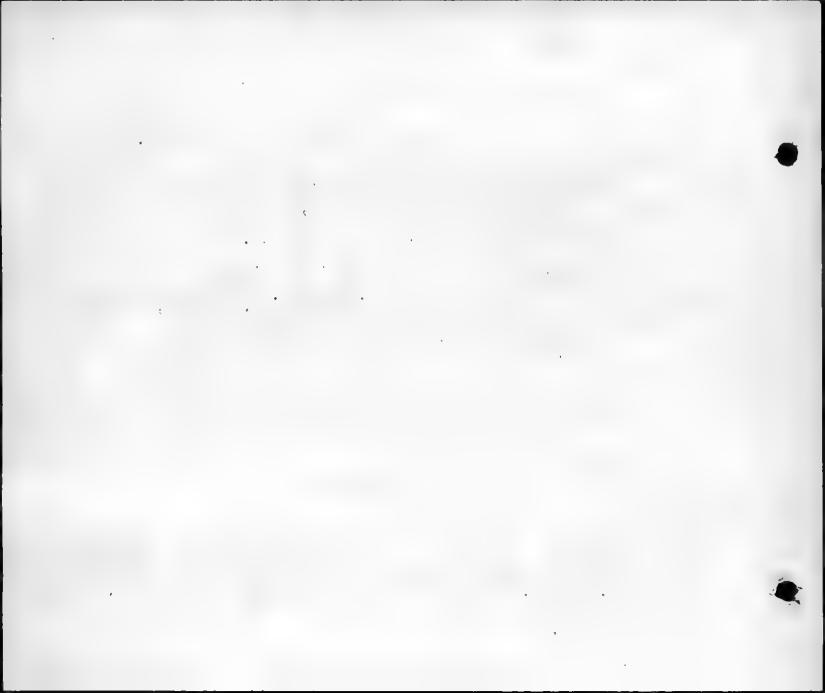
ATTENDING PHYSICIAN: The low

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2703

_				
1.	PLACE OF DEATH			l lived, If institution: Residence before admission)
	Wicomico	MARYLAND	e. STATE Maryland	Wicomico
	b. CITY OR TOWN (if outside corporate I mits,	E LENGTH OF STAY IN 16	l D	mits, write RURAL and give nearest town)
	write RURAL and give neerest fown)			
_	Salisbury, Maryland	9yrslmo.17day:		
111	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	Deer's Head State	Hospital	506 W. Isabella S	treet YES NO NO
3.	NAME OF Fist	M ddle	last 4. DATE	Month Day Year
	(Type or print) Sewell	D.C.	itthews DEATH N	larch 25 19 61
5.			, ,	Iarch 25 19 OL (In years F UNDER 24 HRS.
ļ	7. MAI	RIED NEVER MARRIED °		pirthdey) Months Deys Hours Min.
		WED DIVORCED []	larch 2.1880 8-8-	yrs.
104 de	s. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County & State, or fore g	
	Labor		<u>liaryland</u>	U.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Unknown		Unknown	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECÜRÎTY NO 17. 1	NFORMANT	Address
118	s, no, or unkown) ! (liyesgivewerordetesofservice)	(* ,*	Min On so 1, mgg	Ale It Salisbuf 91/01.
-	18. CAUSE OF DEATH [Enter only one cause p	er ane for (a), (b), and (c.)	com finea 408 se	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Pulmonary edem		TO hours
	/ IMMEDIATE CAUSE (e)	EDTIMOUSTA GOSIN	4	TO HOULD
	, IMMEDIATE CAOSE (6)	a degree of the original or th		-
	DUE TO	•		-
	DUE TO	•	ardiovascular disease	years
	Conditions, if any, which (b) gave rise to immediate cause	•		_
	Conditions, if any, which gave rise to immediate cause (e), stating the underlying DUE TO	•		_
-	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lest. DUE TO	Hypertensive c	ardiovascular disease	years
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lest. DUE TO	Hypertensive c	ardiovascular disease	_
CATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lest. DUE TO	Hypertensive c	ardiovascular disease	years TION GIVEN IN PART 1(8) 19. WAS AUTOPSY
EXTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH	Hypertensive contributing to death but no	ardiovascular disease	years TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1 CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse [e], stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	Hypertensive contributing to death but no	ardiovascular disease of RELATED TO THE TERMINAL DISEASE COND. (Enter nature of injury in Part Lor Part J. of its	TION GIVEN IN PART 1(s) 19. WAS AUTOPSY PERFORMED? YES NO
ICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse [e], steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Dey, Yeer 20	Hypertensive contributing to death but no	ardiovascular disease TRELATED TO THE TERMINAL DISEASE COND LETTER PART I OF PART I	TION GIVEN IN PART 1(s) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20c. The Of INJURY Month, Day, Year 20c. The Of INJURY Month, Day, Year 20c.	Hypertensive contributing to death but no	ardiovascular disease of RELATED TO THE TERMINAL DISEASE COND. (Enter nature of injury in Part Lor Part J. of its	TION GIVEN IN PART 1(s) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year And Control of Contr	Hypertensive C	erdiovascular disease of Related to the Terminal Disease COND (Enter nature of injury in Part I or Part II of its CE OF INJURY (Home, farm, 20f. 1City or tovory, street, office bldg., etc.)	years TION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse [e], steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDIT ONS C 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 21. Certify that () (this hospital) at	Hypertensive Contributing TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 200 PLA hills Not While work at work tended the deceased from	erdiovascular disease of Related to the Terminal Disease COND (Enter nature of injury in Part I or Part I of its CE OF INJURY (Home, farm, ory, street, office bidg., etc.) Feb. 8, 1952, to Mar	years TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) (State)
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse [e], steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDIT ONS C 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 at 21. certify that (I) (this hospital) atisaw the deceased alive on Mare.	Hypertensive Contributing TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 200 PLA hills Not While work at work tended the deceased from	erdiovascular disease of Related to the Terminal Disease COND (Enter nature of injury in Part I or Part I of its CE OF INJURY (Home, farm, ory, street, office bidg., etc.) Feb. 8, 1952, to Mar	years TION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) (State) (a. 25, 19.61 that (I) (we) last causes and on the date stated above.
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse [e], steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDIT ONS C 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 21. Certify that () (this hospital) at	Hypertensive Contributing TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 200 PLA hills Not While work at work tended the deceased from	erdiovascular disease of Related to the Terminal Disease COND (Enter nature of injury in Part I or Part I of its CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Feb. 8, 1952, to Mar death occured at 7.1 LEPM rom the	TION GIVEN IN PART 1(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) (State) (State) 25, 19. 61, that (I) (we) last causes and on the date stated above. 22b. DATE
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse [e], steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDIT ONS C 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 at 21. certify that (I) (this hospital) atisaw the deceased alive on Mare.	Hypertensive Contributing to Death But No Describe How Injury Occurred Dod Injury Occurred Not While work at work tended the deceased from 19 61, and that	TRELATED TO THE TERMINAL DISEASE COND CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Feb. 8, 1952, to Mar death occured at 7.4 DRECTOR PHYS.	years TION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) (State) 25, 19. 01, that (I) (we) last causes and on the date stated above.
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which geve rise to immediate ceuse [e], steting the underlying Couse last. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Mour a.m. p.m. 19 at 19 21. I certify that (I) (this hospital) at saw the deceased alive on Mare. 22e. SIGNATURE	Hypertensive Contributing to DEATH BUT NO DESCRIBE HOW INJURY OCCURED Ded INJURY OCCURED 200 PLA hille Not While lect work at work lended the deceased from 25 19 61, and that	TRELATED TO THE TERMINAL DISEASE COND. (Enter nature of injury in Part I or Part I of its CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Feb. 8, 1952, to Mar. death occured at 1. L.	years TION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (State) (State) AFF YS. 3/26/61
MEDICAL CERTIFICATION	DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING CONDITIONS CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION C	Hypertensive Contributing to DEATH BUT NO DESCRIBE HOW INJURY OCCURED Ded INJURY OCCURED 200 PLA hille Not While lect work at work lended the deceased from 25 19 61, and that	TRELATED TO THE TERMINAL DISEASE COND CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Feb. 8, 1952, to Mar death occured at 7.4 DRECTOR PHYS.	years TION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (State) (State) AFF YS. 3/26/61
	DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CORRESPONDED CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year whom a.m., p.m. 19 21. Certify that (I) (this hospital) att saw the deceased alive on Mare. 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) L. Maldve,	Hypertensive Contributing to DEATH BUT NO DESCRIBE HOW INJURY OCCURED Ded INJURY OCCURED 200 PLA hille Not While lect work at work lended the deceased from 25 19 61, and that	ce of INDURY (Home, farm, 20t. (City or low ory, street, office bldg., etc.) Feb. 8, 1952, to Mar death occured at 7.1452, Mrom the phys. Director Phys. Salisbury, Mar	years TION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (State) (State) AFF YS. 3/26/61
23.	DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20, Whom a.m. p.m. 19 21. certify that (I) (this hospital) attached to the deceased alive on Mare. 22c. Physician's NAME (Type) 1. Maldve, 1. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	Hypertensive C: CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED Od INJURY OCCURED Od INJURY OCCURED Od INJURY OCCURED 20e PLA flect work	TRELATED TO THE TERMINAL DISEASE COND (Enter nature of injury in Part I or Part I of its CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Feb. 8, 1952, to Mar death occured at 7. L. L. Mrom the ATTEND NG MED DIRECTOR PH 22d. ADDRESS Salisbury, Ma OR CREMATORY 23d. LOCATION	years TION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (State) (State) 7. 25, 19.61, that (I) (we) last causes and on the date stated above 22b. DATE SIGNED AFF SIGNED (City, lown or county) (State)
23.	DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CORRESPONDED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of Injury Month, Dey, Year 20 Was at 19 at	Hypertensive Contributing to Death But Not Describe How Injury Occurred Not While work at work tended the deceased from 19 61, and that M.D.	TRELATED TO THE TERMINAL DISEASE COND (Enter nature of injury in Part I or Part I of its CE OF INJURY (Home, farm, 201. ICity or town, street, office bldg., etc.) Feb. 8	years TION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (State) (State) (State) 7. 25, 1961, that (I) (we) last causes and on the date stated above 22b. DATE SIGNED AFF SIGNED Tyland (City, lown or county) (Stete)
23.	DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20, Whom a.m. p.m. 19 21. certify that (I) (this hospital) attached to the deceased alive on Mare. 22c. Physician's NAME (Type) 1. Maldve, 1. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	Hypertensive C: CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED Od INJURY OCCURED Od INJURY OCCURED Od INJURY OCCURED 20e PLA flect work	TRELATED TO THE TERMINAL DISEASE COND (Enter nature of injury in Part I or Part I of its CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Feb. 8, 1952, to Mar death occured at 7. L. L. Mrom the ATTEND NG MED DIRECTOR PH 22d. ADDRESS Salisbury, Ma OR CREMATORY 23d. LOCATION	years TION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? YES NO (State) (State) (State) 7. 25, 19.61, that (I) (we) last causes and on the date stated above 22b. DATE SIGNED AFF SIGNED (City, lown or county) (State)

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3704 **CERTIFICATE OF DEATH**

Reg. Dist. No. 3697

1. PLACE OF DEATH OXCOUNTY WILLIAMING	MARYLAND	2 USUAL RESIDENCE (When		If institution Residence		sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (Ilhout	side corporate limi	ts, write RURAL and g	ive nearest taw	n)
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION	iddress)	d STREET ADDRESS	Test 6	rev pr]		SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Lermon Me	Kenney	Lost	4. DATE OF DEATH	3 -	Day 16	Year 196/
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWER		B. DATE OF BIRTH	9. AGE lost to	Table of the later	1 YEAR IF UND Days Hours	ER 24 HRS Min.
10a. USUA) OCCUPATION (Give kind of work dane 10b. K styring men of warking life, even if retired)	(IND OF BUSINESS OR INDUS	STRY 11/BIRTHPLACE Stale of	r foreign country)	12, CITI.	TEN OF WHAT	COUNTRY?
Extrem Mc Ken	mey	14. MOTHER'S MAIDEN NA	ME			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (You no) or doles of service)	SOCIAL SECURITY NO.	Julia III	MeKim	Address		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last. DUE TO (c)	Rit	enos cle	rosia		INTERVAL BE ONSET AND	
PART II. OTHER SIGNIFICANT CONDIT ONS CO	ONTR BUT NG TO DEATH BUT	NOT RELATED TO THE TERMIN	ALD SEASE COND	ITION GIVEN IN PART	PERFO	AUTOPSY DRMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	CEnter noture of injury in Po	or Fort II of ite	em 18.)		
Hour o. m. While	Nat while of work	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f (City or town) (0	ounly)	(Stote)
21. I certify that I attended the decease alive an flags, 10, 196			1	, 199/,that I la uses and an the	date state	
ACTUAL SIGNATURE PHYSICIAN'S	oly .	M.D. 400	E.C.	usch	AF 3	120/0
NAME (Type) 720 BURIAL, CREMAT.ON. 22b DATE THEREOF PEMOVAL (Specify)	22c. NAME OF CHIEF TERY O	TALISI R CREMATORY	2d JOCATION (C)	laye	(Sto	le)
Sunse 3-49-6/ 23 FUNERADDIRECTOR'S SIGNATURE	ADDRESS	DATE MAI		24b. REGISTRAR'S SIG	, , ,	
-1 July 111 May la	7	DATE HATH		Ciriling S.	FUMM	



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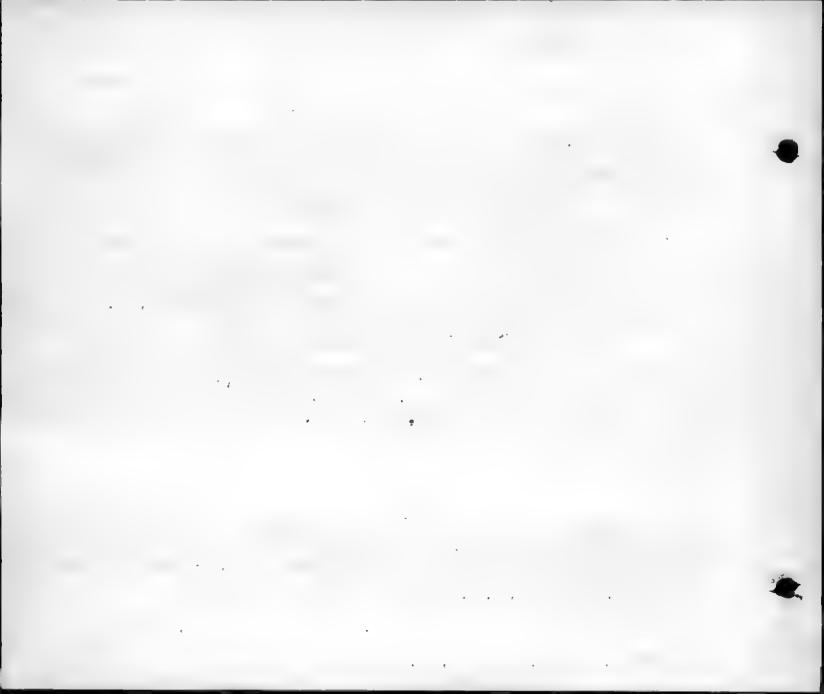
MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2705	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

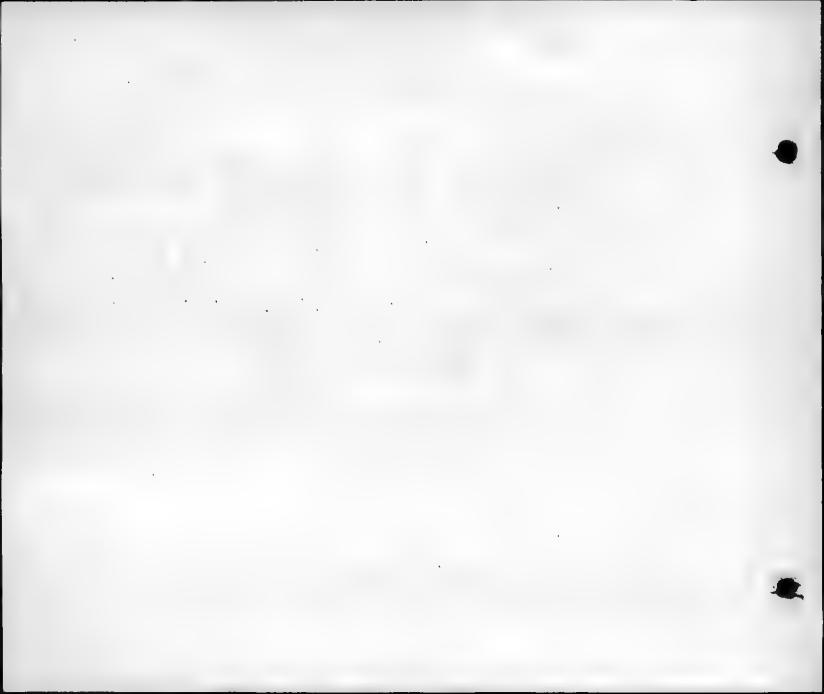
03760

ı,	2443				Reg. Dist. No.	
1000	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (WI	here deceased lived. If institution	an: Residence before admission)	
1	Wicomico	MARYLAND	Maryla	nd. b. COUNTY	Wicemiso	
	 b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	. c. CITY OR TOWN (If a	autside corporate limits, write R	JRAL and give nearest town)	
ı	Salisbury	3_days	Nanticok	e		
3	d. NAME OF HOSPITAL (If not in hospital, give street	oddress) «	d STREET ADDRESS		e IS RESIDENCE	
F	Peninsula Gen. Hosp			Box 20	ON A FARM? YES NO T	
Ì	3. NAME OF First	Middle	Last	4. DATE Mani	th Day Year	
	(Type or print) Eather Ca	rter Mills		OF DEATH 3	7 19 61	
П	S SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days Haurs Min	
1	F M AA WIDOW	/ED DIVORCED	12/5/1898	62 yrs	Manths Days Haurs Min	
	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	ar foreign country)	12, CITIZEN OF WHAT COUNTRY?	
1	Demestie	Home	Maryla	nd	USA	
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	•	
١	Ale_ander Barclay		Sarah Wal	lace		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	. SOCIAL SECURITY NO. II	NFORMANT 58	61 Cebbs Creek	Parkway	
	No	Im	ving Carter	Philadelphia	43, Pa.	
f	1B. CAUSE OF DEATH [Enter only one cause per i	ine far (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH	
ı		rebrevascular	accident		10 days	
1	LI (/) X DUE TO	Cardie				
1	Conditions, if any, which) (b) Expertensive vascular renal disease Indefinite					
I	gave rise to immediate					
	lying cause last.					
I		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN N PART I(a) 19, WAS AUTOPSY	
1	THE STATE				PERFORMED? YES NO	
1	PART II OTHER S GNIFICANT CONDITIONS 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH URF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18)		
1						
1	20c TIME OF INJURY Manth, Day, Year 20d. I Haur a.m. 19 While p. m. 19 at wa		ACE OF INJURY (Hame, farm		(County) (State)	
1	Haur a.m. While p. m. 19 at wa	Nat while fac	story, street, office bldg., etc	1		
1		7 Vamah	19 61 to 7	March 1961		
1	21. I certify that I attended the decease of the one March 19	200 1101112			that I last sow the deceased d on the date stated above.	
1	olive on O	and that death		TM, trom the causes on ADDRESS (Street, city or town,		
1	ACTUAL 11313	1:11.				
1	SIGNATURE 472000		MD. ODG WEST M	ein St., Salis	oury. Md 7Mar 61	
	PHYSICIAN'S E. A. Purnell, M	. D.				
f	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, o	or county) (State)	
	Burial (Specify) 3/12/61	Nanticoke Cer	n.	Nanticoke, M	aryland	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE	
	Thornton B. Jell ey, Sali	sbury, Md.	DATE N	IAR 15'61 a	rthur S. Kraus	

TO HOSPIT VS A1S (4) 15M 9/SB



1		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18			
e e		3706 CERTIFICA	ATE OF DEATH Reg. Dist. No. (1371)1			
directo		PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived If institution: Residence before admission) o. STATE DEL, 5. USSEX			
1 A 2 A		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) OCEAN VIEW d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)			
NEW CORT		d. NAME OF HOSPITAL (If not in hospitol, give street address), OR INSTITUTION RAI H PIFA				
n 24 filled m jes 1 an		NAME OF DECEASED (Type or print) BABY BOY	Nickerson DEATH Month Day Year DEATH Mickerson 2 1961			
d withi oletely I rs. Pag		MALE WIDOWED DIVORCED	B. DATE OF BIRTH @ 175 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min, yrs.			
execute nd camp in pape death.	10a	I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND 14. MOTHER'S MAIDEN NAME			
cion or carbo carbo s after	13.	FATHER'S NAME DENARD NICKERSON	MARION SHIPMAN			
g physic remove 72 hours	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 1, ano, or unknown) 1, (If yes, give wor or dates of service)	NFORMANT Address ENARD NICKERSON OCEAN VIEW-DEC			
the death ne attendin nen please ent within 2	MEDICAL CERTIFICATION	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Placenta INTERVAL BETWEEN ONSET AND DEATH			
n. n. signed by tl it permit. T it any ev		Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	Thughture			
physicia nas been ial-Irans			NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
Hending ficate If the burner, ar ren		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)			
PHYSIC of or at this cert r use as emation		20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL Hour a. m. p. m. 19 at work of work	ACE OF INJURY (Hame, farm, Clory, street, office bldg., etc.) (City or town) (County) (State)			
NDING Be haspit After I ched fa urial, cr		21. I certify that I attended the deceased fram	2 , 1962 /, ta 3 / 2 , 1962 /, that I last saw the deceased a occurred at 1575 M, from the causes and an the date stated above			
R ATTEI d by the RECTOR De deta for to be		ACTUAL SIGNATURE THE SIGNATURE	ADDRESS (Street, city or town, state) DATE SIGNED M.D.			
shauld Istrar pri		PHYSICIAN'S NAME (Type)				
Moy be in the moy be in the registrar	220	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF REMOVAL (Specify) 3/4/6/ RED MEA				
YS A15 (4) 15M 9/58	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAR 1 0 '61			
	CC.	20 \$ 2.25 3 x V b				



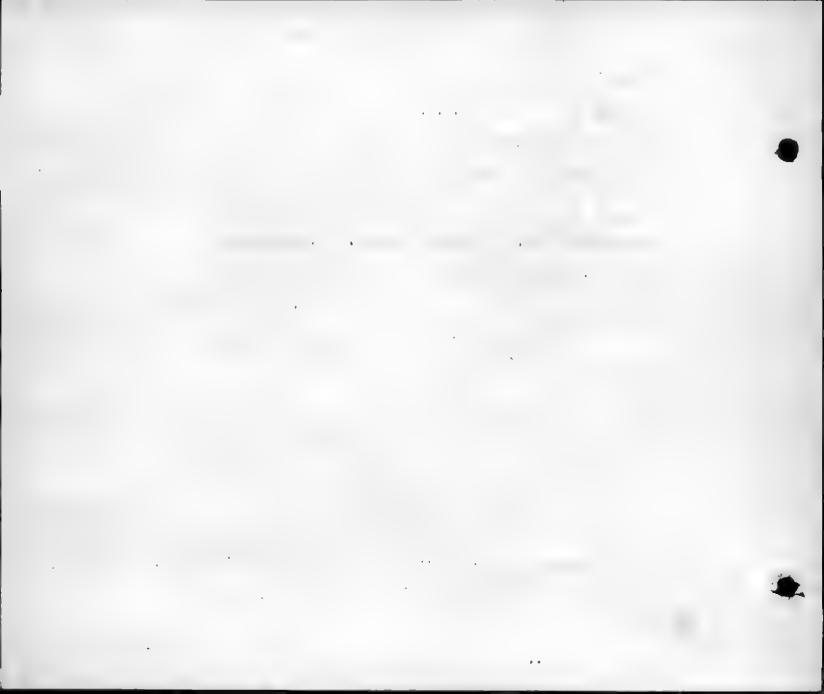
TO HOS

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3707 CERTIFICATE OF DEATH 03709

H	1. PLACE OF DEATH			2. USUAL RESIDEN			Residence before ad	im asion)	
4		omico	MARYLAND	a. STATE Mary	land	b. COUNTY SC	merset	V	
	b. CITY OR TOWN (if outs'de write RURAL end give ne	corporete fimits,	E LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate I n	nits, write RURAL ar	digive neerest town	1)	
	Salisbury	elett town)	9 days	Crisfie	ld		7 ~	-	
	d. NAME OF HOSPITAL OR I	NSTITUTION (if not in hospit	tel, give street eddress)	d. STREET ADDRESS	•	_	e. IS RES	FARM?	
ľ	Deer's Hea	d State Hospi	tal	319 Broa	duay		YES 🗌	-	
ı	3. NAME OF DECEASED	First	Midd e	Lost	4. DATE	Month	Dey Year		
ı	(Type or print)	Maude	BENNETT	Parks	DEATH	March	2 196	51	
	5. SEX 6. COI	LOR OR RACE 7. MARRIED	NEVER MARRIED	DATE OF BIRTH	9. AGE	(In yeers IF UNDER			
		hite WIDOWED		Warch 20, 189		yrs. Months	Deys Hours	Mins	
	1De. USUAL OCCUPATION (Give done during most of working life	re kind of work 10b. KiN	D OF BUSINESS OR INDUSTR			cpuntry) 12. CI	FIZEN OF WHAT CO	DUNTRY?	
	Housewife	A1	Home .	Crisfield,	Md.	U	S A		
ı	13. FATHER'S NAME			14. MOTHER'S MAIDEN		7			
	John E. Mason Mary Elizabeth Justice								
ł	15. WAS DECEASED EVER IN U.: (Yes, pp. or unkown) (Ifyaspiya	warozdatasofsarvicas	DCIAL SECURITY NO. 17.			Address			
	_ No No	one 214		rrison Parks-	-319 Broad	dwayCri	sfield, M	d.	
1	18. CAUSE OF DEATH		e for (e , (b), and (c).)				ONSET AND DE		
	PART I. DEATH WAS C	TAUSED BY: AC	ute myocardia	<u>l failure</u>			1 day		
	サーシン	DUE TO							
	Conditions, if any, which		pertensive ar	terioscleroti	ic heart d	i.sease	Years	_	
	geve rise to Immediate coust (a), stating the underlying	BUIL AV							
	couse lest.) (c)					2		
	PART II OTHER S GNIFI		RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE COND T	ION GIVEN N PAR	T 1(a) 19. WAS AL PERFOR	TOPSY CMED?	
	5 AT	teriolar neph					, YES 🌠 N	40 🔲	
	PART II OTHER S GNIFI AT 200. ACCIDENT WAS UND OR CONTRIBUTING TO CAU OR HETTER, NOTIFY MEDICA	SE OF DEATH	RIBE HOW INJURY OCCURED	, (Enter nature of injury in I	Ped For Ped For Item	18)			
l de									
	2De. TIME OF INJURY N Hour a.m.	lonth, Dey, Yeer 20d. IN	JURY OCCURRED 2De. PLA	CE OF [NJURY (Home, farm ory, street, office bldg., etc.		n) (Co	unty) (S	State)	
	Print.	19 et work	et work		'				
	21. I certify that (I)								
	saw the deceased air	re gn Manch 1	19.61 ., and that	death occured at		causes and on			
	22m. SIGNATURE	11 1 10			MED. STA		22b.	DATE	
		ra - Wull	N N		PHY	s. X	3/2/0	pT	
	22c. PHYS C AN'S NAME (Type) L.	V. Maldve, N	1. D.	Deer's	Head Hospi	ital; Sali	sbury, Mo	d.	
	23e. BURIAL, CREMATION, 23		23c. NAME OF CEMETERY	OB C05444708V	123d. LOCATION	TCibe town as some	ty) (Ste	del .	
1	DEMOVAL (Spacify)	ar.5, 1961	Sunnyridge Co		1	ield, Md.	(316	101	
1	24 FUNERAL DIRECTOR'S SIGN	_	Anness		OT IST.		SIGNATURE	-	
1		SonsCrisf:	ield, Md.	DATE	AR 7 '61	Cuthing a			
				TUATE				-	

ć



DATE

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSTITAND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

(Stote)

Day

Days

(County)

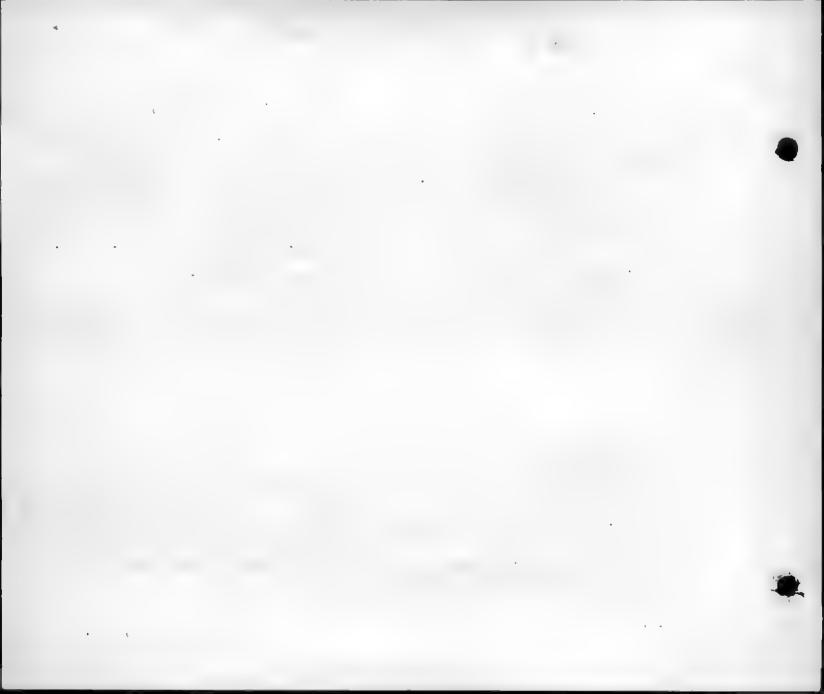
ON A FARM?

YES NO DE

Year

Min.

VS A1S (4) 1SM 9/S8



2

15M 9/60

. IS RES DENCE ON A FARM?

YES NO Y

1967

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > 22b. DATE

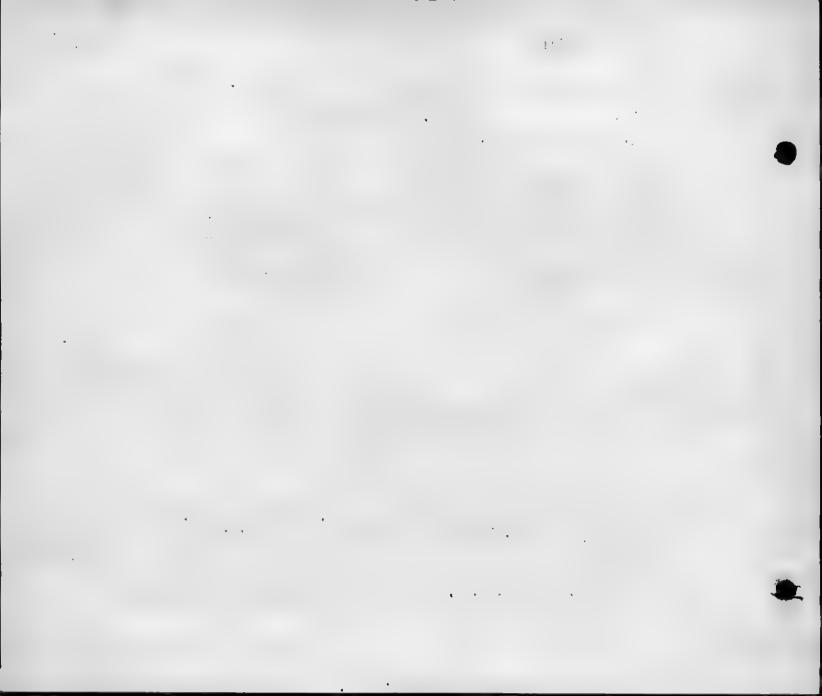
SJGNED

61

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USA



TO HOS:

AL OR ATTERNEED PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

S death.

Your Hoss that the hospital or attending physician.

S death.

S

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3711 CERTIFICATE OF DEATH (1371) $_{0}$

	PLACE OF DEATH			- 11	RESIDENCE (Who	re daceesed lived, If insti	ulton: Residence be	fore admiss on)
	Wicom	ico	MARYLA	e. STATE	Maryland	b. COUNTY	Wicomico	
-	b. CITY OR TOWN (f write RURAL end	outs de corporete imits	c. LENGTH OF STAY IN	c. CITY C		corporete limits, write RU		st town)
	d. NAME OF HOSPITA	OUTY L OR INSTITUTION (if	nol in hospital, giva straat eddress)	d, STREET	Salisbury ADDRESS	<i></i>	0.	IS RESIDENCE ON A FARM?
	Deer!	s Head Stat	e Hospital		512 Truit	tt Street	YE.	S NO
3.	NAME OF DECEASED	First	Midd e	Last	4. DA	TE Month	Dey	Yeer
	(Typa or print)	Georg	e Marion	Powe	II DE.	RTH March	16	19 61
5.	SEX	6. COLOR OR RACE	. MARRIED NEVER MARRIED			9. AGE (In yeers IF L	INDER TYEAR IF L	NDER 24 HRS.
	Male			Feb.14	, 1892	69 yrs 1	nths Days Ho	
10e do	ne during most of work	N (Give kind of work ing life, even if retired	196 K ND OF BUSINESS OR INI	DUSTRY 11, BIRTHPL	ACE (County & Stet	s, or foreign country)	12. CITIZEN OF WH	HAT COUNTRY?
			etired Dry Cle	eaner 14. Mother	Vicomico	Co.Md.	USA	-
	Joshua Ti	nomas Pow	ell	Annie	Elizabe	th Serman		
15. (Ye	NO	as give weror defes of ser	215-12-4974	Mr. M. CA:	rl Johns	on(Brôther Salisbur	y Maryl	and .
		ATH [thier only one of WAS CAUSED BY:	a so per lina for (a) (b), and (c)]					AND DEATH
		MEDIATE CAUSE (a)	_ Pulmonary En	bolus			1.5	Min.
	4 5	DUE TO					1	
	Conditions, if any,							-
	(a), sleting the un-	PARTY TO						
	couse last.	(c)				A******* AN		
No.	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTR BUT NG TO DEATH B	T NOT RELATED TO	THE TERM NAL DISE	ASE CONDITION GIVEN I		PERFORMED?
CAT			inoma of the Lar	ynx _	_		YES	NO I
CERTIFICATION	OR CONTRIBUTING [CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCC	CURED, (Enter neture	of injury in Part I or I	Perl II of itam 18.)		
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yeer		fectory, street, office		(Cily or lown)	(County)	(State)
MED	Hour a.m.	19	While Not While et work at work					
	21. I certify th	at (1) (this hospita	l) attended the deceased f	rom. 3/1/6	1 19,	10 3/16/61	, 19, that	(I) (we) last
	saw the decease	4			red at 1PM,	from the causes and	on the date s	stated above.
	22a. SIGNATURE	No lu	lde	M D. ATTENDI	NG MED,	STAFF PHYS. X	Earch	226. DATE SIGNED 16. 196
	22c. PHYSICIAN'S NAME (Type)			22d. AD			_	
			dve, M. D.	in in		State Hospi		
23	REMOVAL (Specify) BUT121	Nar.19-	· -	_		elisbury,		d (State)
24	FUNERAL DIRECTOR	SIGNATURE	ADDRESS			EGISTRAR 256. REGIST	- 4 4	
F	YAMOIIOH	& COMPANY	SALTSBURY	MARYLAND	IDAMAR 20	'61 C Thu	S. Krous	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Plac	0.00	_
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attending

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ar attending physician has been

certificate 20

After this

DIRECTOR

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page 3 should the State Board POSE 3 should t

burial-transit

death certificate be executed

puo

72 hours after death

13. FAT

CERTIFICATION

papers.

pon

COL physician within

remave

ā

PLACE OF DEATH a. COUNTY Wicomico MARYLAND

2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE Maryland b. COUNTY Caroline

c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits write RURAL and give negrest town) Since 2/1/61 d. NAME OF HOSPITAL (If not in hospital give street address)
OR INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton - Rural

d. STREET ADDRESS

ON A FARM? YES 🔣 NO

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO IN

Unknown

Pine Bluff	State Ho	spital
3. NAME OF DECEASED	Fir	st Middle
(Type or print)	Lo	uis
5. SEX	6. COLOR OR RACE	7 MARRIED NEVER MARRIED
Male	White	WIDOWED DIVORCED

Last 4. DATE Day Year DEATH St. James March 21 19 61 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH tost birthdoy) Months Dovs Hours 10/28/1870 90

USUAL OCCUPATION during most of working	10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (SE	ole or foreig	in country)
anning & F	 Farm		Hynson	Md.	Caro

Hynson Moteron, Md. (Caroline Co. USA 14. MOTHER'S MAIDEN NAME

HER'S NA	ME			
	Peter	St.	James	

E TO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

Louisa Van Hauser

No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6)

218-20-3005A Records of Pine Bluff State Hospital

	4441	SALE IN LACE		CHU
00	2	1		DU
Conditions, if	ony,	which	ì	
gove rise to			l	DII
couse (p), stotin	n the	under-	C	UU

(b) E TO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS

17 INFORMANT

0b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

Pulmonary Tuberculosis

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	2
(IF EITHER, NOTIFY MEDICAL EXAMINER)	

20c. TIME OF INJURY Hour a m

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

21 I certify that (I) (this haspital) attended the deceased fram... saw the deceased alive on March 21

lying couse last.

of work of work

Feb. 1

March 21 19 61, that (1) (we) lost 61 to 20 M, from the causes and an the date stated obove. 19 61, and that death occurred at

Address

22o, SIGNATURE

24.1961

[1] M.D. PHYS 22d ADDRESS

ATTENDING

STAFF PHYS MED.

5 GNED

22b DATE

22c PHYSICIAN S NAME (Type)

BUR AL CREMATION

REMOVAL (Specify)

Ritchings, M.D.

23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

Salisbury, 23d LOCATION (City, town, or county)

Maryland

(Stote) Federalsburg, Maryland

March 24. FUNERAL DIRECTOR'S SIGNATURE

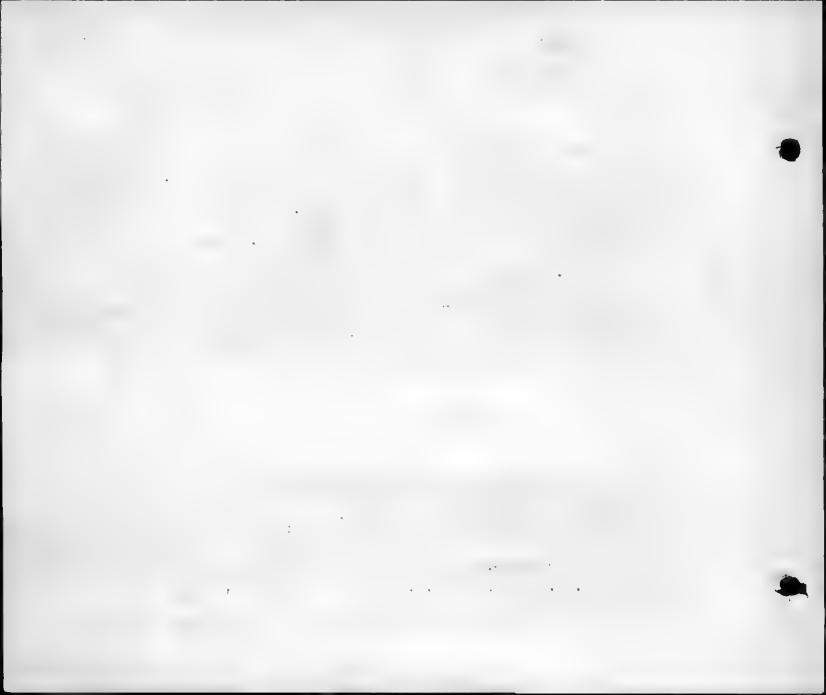
ADDRESS

250 REC'D BY REGISTRAR PATEAR 2 8 '61

25h REGISTRAR'S SIGNATURE

Hill Crest Cemetery

VR ATS (4) 1SM 9/59



FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY iould be executed within 24 hours after death. If a way hay is necessary, in pencil in frem 18, Give Pages 1, 2, and 3 to the tuneral director. Page Office along with form PM3. Page 5 may be retained for your Elas, burial-transit permit. File pages 1 and 2 with the State Board of Health, moval, and In any event within 72 hours after death. b. COUNTY b, CITY OR TOWN (if putside corporate limits, MARYLAND . CITY OR TOWN (if Suiside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town! d. STREET ADDRESS Nanticoko
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stribe) address, . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE DECEASED (Type or print) DESTH Richard H Saunde 9. AGE (In yours | IF UNDER 1 YEAR) Saunders IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) WIDOWED [DIVORCED [DOWED DIVORCED TO STATE THE BEACH (State or foreign country) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME General Practice ce Pennsylvania U.S.A Elva Huskins Samuel Saunders | 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) . Wife-Mrs. Bara Saunders - ntis the 18. CAUSE OF DEATH [timer only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute pulmonary edema Sudden DUE TO Conditions, if eny, which (b)___Barbiturate_poisoning Hour. geve rise to immediate cause (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? Recurrent Psychotic depression.

(AS 2Db. DESCR-BE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) NO 200. EXTERMAL CAUSE WAS PRIMARY POOR CONTRIBUTING CAUSE OF DEATH. Overdose of barbiturates. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While et work Nanticoke at work Wicomico Md. 21. I certify that I took charge of the remains described above, held an Autopsy 😿 Inspection 📆 Inquiry V and in my opinion Undetermined manner X death resulted from: Natural causes Accident Suicide Homicide I. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE Earl L. Royer, DEPUTY MEDICAL EXAMINER TY Saligbury Athes (Sireet, city, town, or county)
NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C NAME (Type) 107 Camden
220. BURIAL, CREMATION, 22b. DATE THEREOF NAME (Type) 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Lorraine Musoleum £40 g or mation 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Bivalve, Messick. VS. A15ME arthur & Kusa 5M 7/59

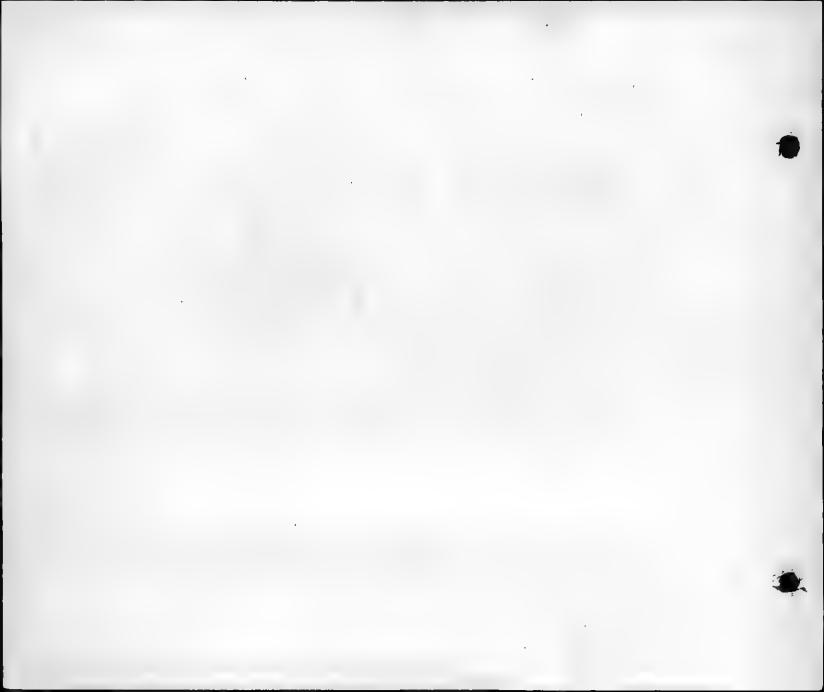
STATE DEPARTMENT OF HEALTH

REFLACINETY CERT. SEE FILM: 282 ..3/15/61 ams

1SM 9/S8

DATE





TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h after death. Page 4 may be redeath by the hospital ar otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

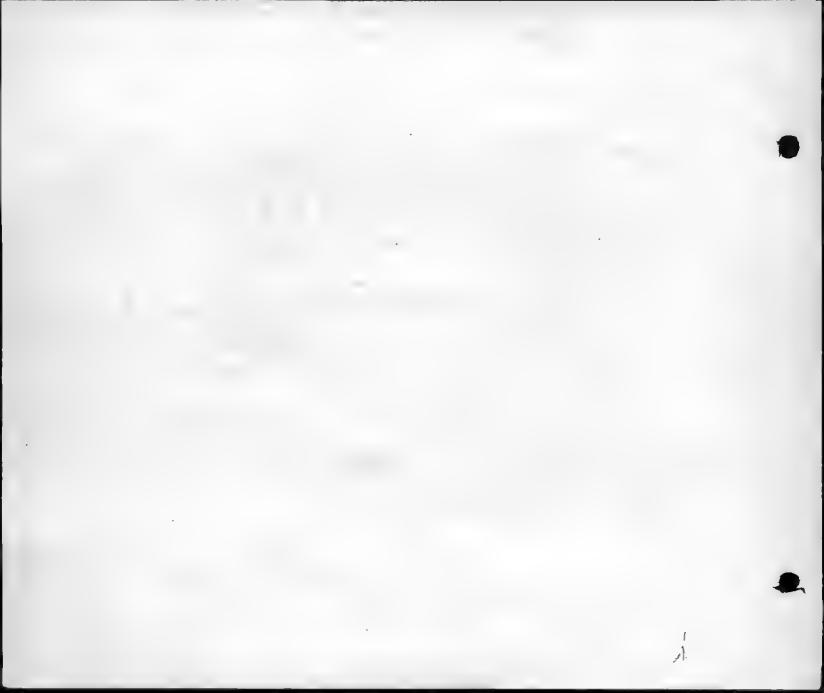
VS A1S (4) 1SM 9/SB H

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

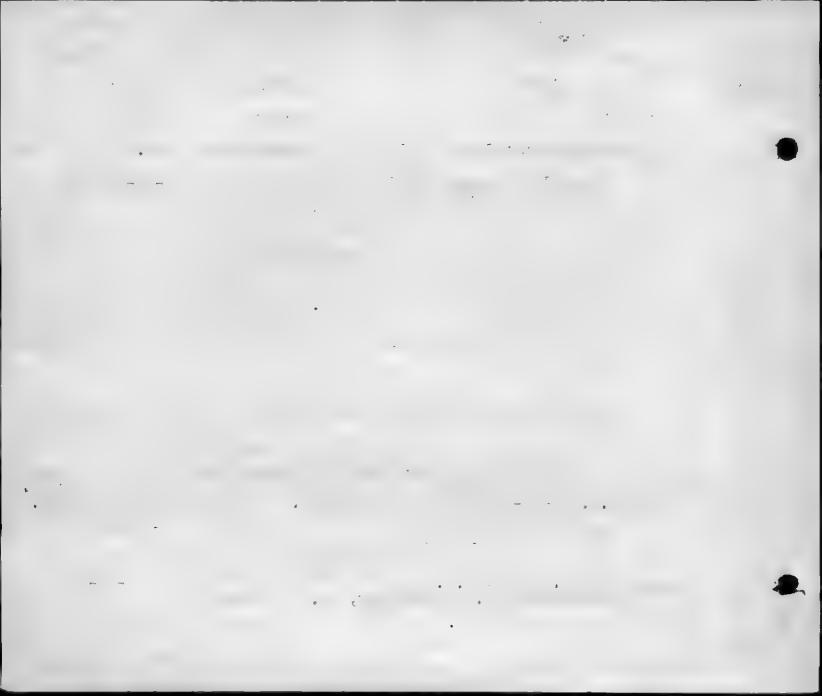
3716 CERTIFICATE OF DEATH

Reg. Dist. No. (13711

	g. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY
	(VICOMICO MARYLAND	marktand warrestar
ľ	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	latish ury 6 days	Berlin VSX-
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Peninsuha Generah	11 Burkey Street YES NO
Ī	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
1	(Type or print) WILLIAM Sc.	hoberth DEATH March 14 1961
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Hours Min.
) [make White WIDOWED DIVORCED []	JAN, 18, 1878 S3 yrs Manths Days Hours Min.
	10a. JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUduring mast of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	GLASS BLOWGR GLASS WOCK	S PITTSBURG U.SA.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	unknow	huknown.
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [15] (If yes, give war or dates of service)	INFORMANT Address
	193-05-95=3	MRS GLADYS VOYCE BERUNI
1	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A 11 Series 201	wither Heart Descare withingers
	DUE TO	
	Conditions, if any, which) (b) Ge Kerally	Le astero vileone "
	gove rise to immediate Dus To	
	cause (a), stating the <u>under-</u> 1ying couse last.	
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO D
	206. ACC DENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRE OF DEATH	D. (Enter nature of injury in Port I or Port II of Item 18.)
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Hame, farm. 20f. (City or town) (County) (State)
	Haur o. m 19 While Not while to at work of work	
	21. I certify that I attended the deceased fram 3-3	19.61, to 3-14, 19.0 (that I last sow the deceased
	alive on 3 - 14 196 and that death	accurred at 120 AM, from the causes and an the date stated above.
		ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE LO ELLOLO 52. ROLLO 1.	M.D. Setasfoere My 3-14-61
	PHYSICIAN'S	
	NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	BURITE 3/18/61 1 - WENTSON	AND BEM GLENSHAVY PA
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ,	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
-	Home H. Burtage Derlin	DATMAR 1 6 '61 anhay & Kines



LARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, if institutions Residence before admiss on) e. COUNTY Page a. STATE 5. COUNTY Delaware 3 to the funeral director. Pag Wicomico MARYLAND Sussex b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL and give neerest) with write RURAL and give neerest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, g ve street eddress) Seaferd For d. STREET ADDRESS IS RESIDENCE ON A FARM? State 6 Peninsula General Hospital YES NO T 1 3 O Delaware 3. NAME OF DATE DECEASED OF the (Type or print) DEATH 3-20-61 Stein Joseph with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 5. SEX 19. AGE (in years HF UNDER 1 YEAR IF UNDER 24 HRS. 2 wiff s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a last birthday) Months Deys Hours Min. May DIVORCED [WIDOWED T IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page uld be executed within 24 hours aft in pencil in Item 18. Give Pages 1, 2 done during most of working life, even if retired) Clothing Tailor Austria U۵A within File pages form PM3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Stein Esther (Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 1 17. INFORMANT 1 CDe Maw (Yas, no, or unkown) (livesgivewarordatesofservice) 1-22-1628Fannie D. Office along with Stein; seaford. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAJSE (a) Crushed chest hours DUE TO certificate should Conditions, if any, which (6) gave rise to immediate cause rti pending DUE TO (a), stating the underlying Examiner SE cause lest. pe nseq cremation, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.61 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word Medical NO T pluods 20e. EXTERNAL CAUSE WAS PRIMARY The CONTRIBUTING 20b, DESCRIBE HOW INJURY OCCURED, (Entar neture of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH. of car that ran through barricade of dead end ease execute the certificate, writing should be forwarded to the Chief PUNERAL DIRECTOR: Page 3 s 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., atc.] While Not While at work 3-120-67work 🗆 Delmar Rd. Salisbury Wicomico 21. I certify that I took charge of the remains described above, held an Autopsy |, Inspection 😿 |, Inquiry 🦹 and in my opinion agent, death resulted from: Natural causes Accident 17 Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Earl DEPUTY MEDICAL EXAMINER 3-21-61 Royer, NAME (Type) Salisbury Maress (Street, c'ty, town, or county) 22c. NAME OF CEMETERY OF VERMATORY | 72d. LOCATION (C. DEPL Camden 225. DATE THEREOF 228. BURIAL, CREMATION. 72d. LOCATION (City, town, or country) REMOVAL (Specify) 961st.Lukes Churchyard seaford, Delaware urial <u>0</u>40 UNERAL DIRECTOR ADDRESS 24a REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE peaforo, Delaware VS. ATSME Children S. Flraus 5M 7/59 DATE MAR 2 7 '61



FOR STAT HEALTH DE TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Pleatith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effect death.

> V5. A15ME 5M 7/59

	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FE :	3718 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
IIT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on)
_	a. STATE b. COUNTY
<i>[.</i> .]	b. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give neerest town)
(1)	Salisbury Salisbury
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
-1	Peninsula General Hospital East Road
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	(Type of print) Cherry Lynne Sykes 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
1	lest birthdey) Months Days Hours Min.
- 1	106. USUAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	done during most of working life, even if refired)
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Howard person Mores Sester
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] [Hyesgivewerordelasofservice]
	Mary Sytes
	18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] PART I DEATH WAS CAUSED BY:
	immediate cause (a) _ Second and third degree burns 60% body
r	Conditions, if any, which the
	geva rise to immediate cause
	(a), stating the underlying causa last. (c)
	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
(1	S
	20e. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING Challed a constant of or part II of item 18.) Challed a constant of or part II of item 18.)
	Cutto causing crounting on tria it our account
2"	Hour, a.m. While Not While of factory, streat, office bidg., etc.
**	2.25 P.M. 3-13-61 work A. Own home. Salisbury Wicomico Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Spection X. Inquiry X. and in my opinion
	death resulted from: Natural causes . Accident X, Suicide . Homicide . Undetermined manner
	SHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE DATE SIGNED
4	EXAMINER'S arl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X 3-22-61
7	NAME (Type) 1.07 Camden Ave. Salisbury, Mides (Street, city, town, or county)
b -	EMQVAL (Specify)
	23. FUNDICAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	Bender 1940 - L. Att 3 '61 Cuthun S. Kraus

ALABYI AND CTATE DESABTMENT OF HEALTH



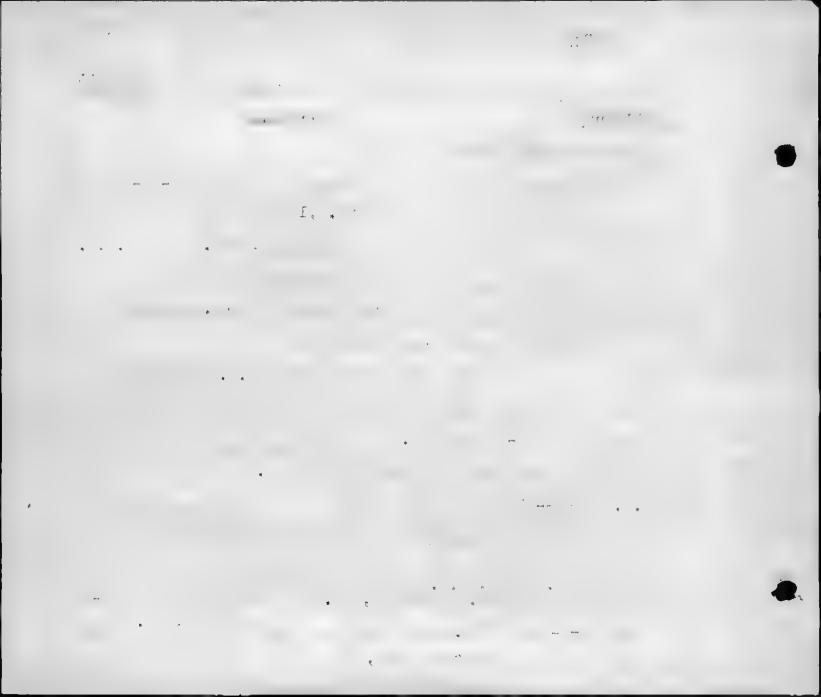
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A1S (4) 1SM 9/SB



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yad, if institution; Residence before admission ly is necessary, I director, Page for your-files, e. COUNTY a. STATE b. COUNTYSomerset Wicomica MARYLAND b. CIY OR TOWN (if outs de corporate lim ts, E. LENGTH OF STAY IN 16 write RURAL and give necrest town) Salisbury
d. NAME OF HOSPITAL OKINSTITUTION (if not in hospital, give street eddress) Eden d. STREET ADDRESS e. IS RESIDENCE rould be executed within 24 hours after death. If a fair in pencil in them 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bo harval, and in any event within 72 hours after death. ON A FARM? YES NO Peninsula General Hospital 4. DATE Month DECEASED OF (Type or print) DEATH Taylor 3-30-61 lorence COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthdey) WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired housewife Wilmington, Del. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence pisco Lucy Gagnon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) { (If yes give war or detes of service) Irvin Taylor Maryland 18. CAUSE OF DEATH (Entar only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden IMMEDIATE CAUSE (a) Anaphylactic shock DUE TO Terramycin and Xylocaine I.M. injection (b) "pending" gava rise to immediate cause DUE TO (a), steting the underlying cause last. cromation, PART II, OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? cute the certificate, writing the word should be forwarded to the Chief Medical PUNERAL DIRECTOR. Page 3 should be its designated agent, prior to burial, creme Acute tracheo-bronchitis. 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY LA OF CONTRIBUTING CAUSE OF DEATH Medication given for illness.
Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While al work Princess Inn Somerset Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy 🟋 Inspection X Inquiry X and in my opinion Accident Undefermined manner death resulted from: Natural causes Suicide Homicide . CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X Royer Salisbury Mondarass (Street, city, town, or county)
NAME OF CEMETERY OF CREMATORY 22d. LOCATION (C 4 shoul 22a. BURIAL CREMATION 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Fruitland, Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME rincess Anne, Md DATEAPR 4 5M 7/59 Circlinar & House

MARYLAND STATE DEPARTMENT OF HEALTH



NAME OF CEMETERY OR CREMATORY

ON A FARM?

YES NO T

Year

19

12 CITIZEN OF WHAT COUNTRY?

USA

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO NO IX

(County)

March 20

23d. LOCATION (City, Town, or county)

250 REC'D BY REGISTRAR

1961 , that (1) (we) last

(Stole)

22b. DATE

(Stote)

years

Months

61

O FUNERAL VR A15 (4) 15M 9759

e 62

BURIAL.

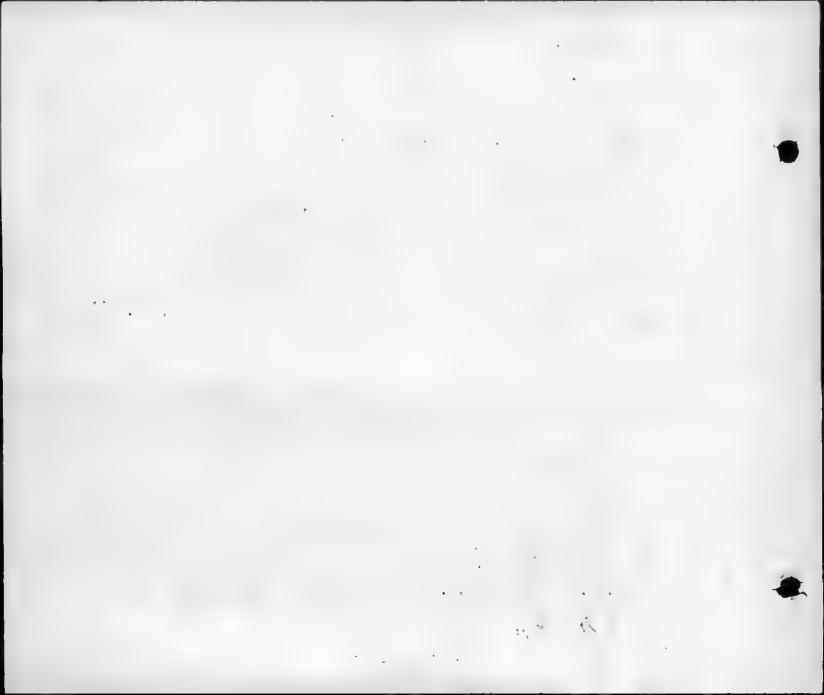
REMOVAL

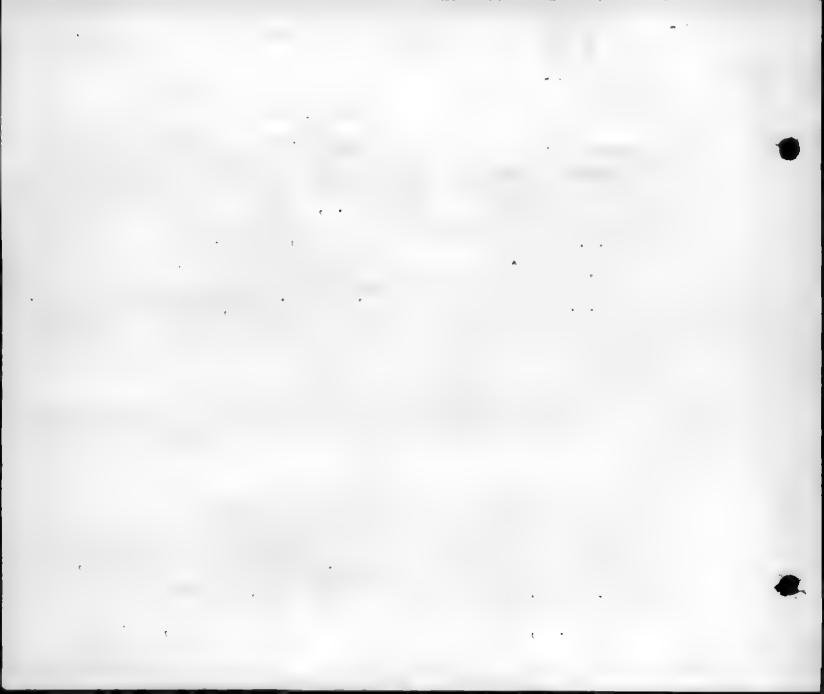
TREMATION.

(Specify)

23b

DATE THEREOF



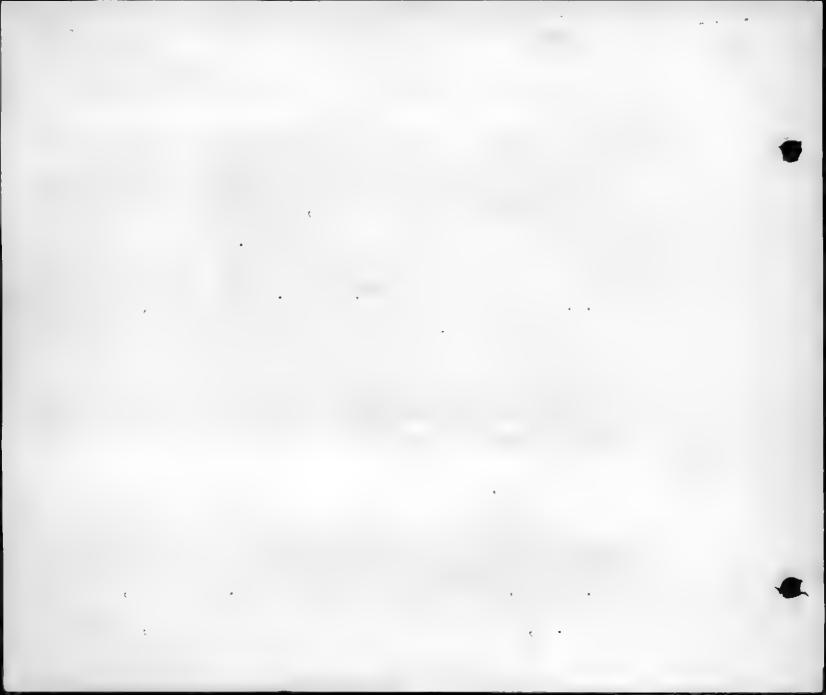


OR ATTENDING PHYSICIAM: The law requires that the death certificate be exemited within 211

TO HOSPI' VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3723

1, 1	COUNTY WICOM	ico	MARYLANI	- 11	o. STATE Maryland b. COUNTY W:	ince before admission)		
1	CITY OR TOWN (If outside of RURAL and give nearest town		c, LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)		
i	d. NAME OF HOSPITAL (If not		ddress)		d. STREET ADDRESS	e IS RESIDENCE		
-	or institution Pen G	en Hospits	a 7		317 Locust Terrace	ON A FARM? YES NO D		
3. 1	NAME OF	First	Middle		Last 4. DATE Manth	Day Yeor		
	DECEASED (Type ar print)	MARK	WILSON	Ų	HAYLAND DEATH MARCH	21st 19 61		
5 5	SEX 6 COLO		ED NEVER MARRIED	-	ATE OF BIRTH 9 AGE (In years IF UNDE	R TYEAR IF UNDER 24 HRS		
1	Tale vh	ite WIDOWE	D DIVORCED		une 1. 1909 last birthday) Months	Paya Hours Min		
) 00	USUAL OCCUPATION (Give during most of working life,	kind of work done 10b. I	CIND OF BUSINESS OR IN	DUST	13 BIRTHPLACE (State or foreign country) 12.CI	TIZEN OF WHAT COUNTRY?		
F	louse Painte		Painter		wicomico Co.Maryland	USA		
	FATHER'S NAME				4. MOTHER'S MAIDEN NAME			
i	Vesley Whayl	and			Patricia Briley			
	WAS DECEASED EVER IN U. S	. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17	INF	.Trene P. Whayland (Wife) 3:	17 Locust		
70	YES W.W			11 4	Terrace Salisbury Ma	ryland		
	18. CAUSE OF DEATH [Ente	er anly ane cause per lin	e for (a), (b) and (c).]	1		INTERVAL BETWEEN		
	PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	critique	IE.	John rale Cl'	3204		
	1	DUE TO			X			
	Canditions, if any, which				J	, ,		
	gove rise to immediate cause (a), stating the under		- +	1	+ (/4 (3/2		
_	lying cause last.	(c) : Ce	phlinit.	del	merlandem of Colone	- 16 Killer		
Ö.	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPEY PERFORMED?							
ICA.	+ tellaclifficalists YES NO IX							
CERTIFICATION	20a ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	LYING 206 DESC SE OF DEATH EXAMINER)	ribe how injury occui N/A	RRED	Enter nature of injury in Part I or Port II of item 18.)			
MEDICAL	20c TIME OF INJURY Month				OF INJURY (Home, farm, 20f (City or town)	(County) (State)		
MED	Hour o m. N/A	While of work	Not while	I	/A	. 1		
	21 I certify that (I) (th	is hospital) attend	ed the deceased fra	m 💆	262. 4- 195/10 11/6 with 24 196	£1, that (I) (we) last		
	saw the deceased aliv	e an Moreles	195 and the		th accurred at M. from the causes and an th			
	220, SIGNATURE	1 (1	1			22b. DATE		
	League	od et	sealler,	Μ.	ATTENDING MED. STAFF Mare	ch 2//1951		
	22c. PHYSICIAN'S NAME (Type) TO	0 0 0	7		27d. ADDRESS	Mr		
	ur. h	Rufus S.Ga	rdner		Fine Bluff Rd. Salisbury	, I'' ry1 na		
230	PEMOVA (Specify)	DATE THEREOF	23c NAME OF CEMETER	Y OR	REMATORY 23d. LOCATION (City, town, or county	(State)		
	Buri'l Ma	r.23,1961	Wicomico	Mei				
	FUNERAL DIRECTOR'S SIGNAT		ADDRESS		250. REC'D BY REGISTRAR 25b. REGISTRAR'S S			
H	OLLUMAY & CO	MPANY SA	IIBURY MA	RY.	AND DAMAR 22 '61 arthur 8.	Thank		



Salisbury

Reg. Dist. No.

Wicomico

Doy

12

USA

(County)

Inquiry . and find that

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO M

DATE SIGNED

(State)

(Stote)

e. IS RESIDENCE ON A FARM?

YES NO

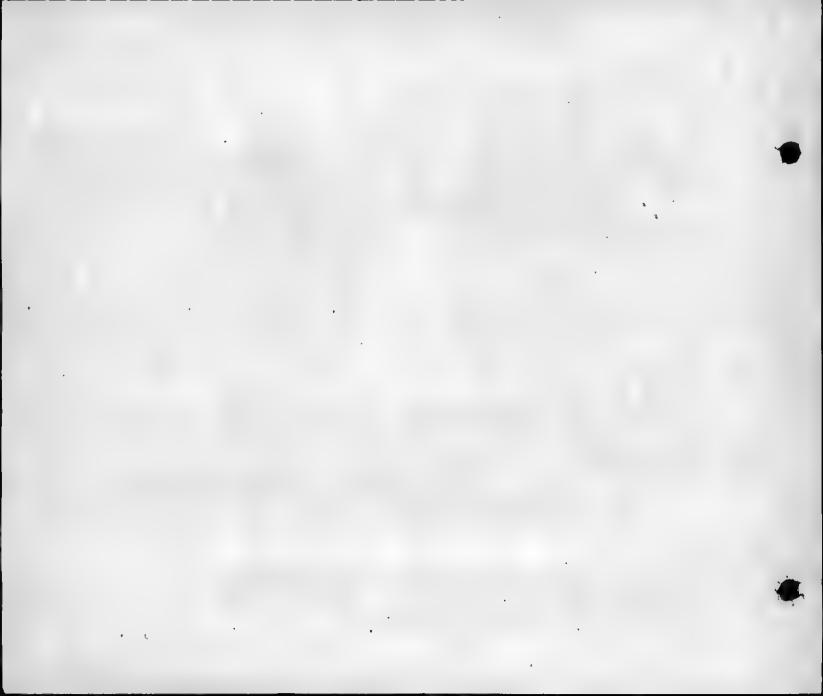
Year

196]

VS. ATSME(S) SM 9/55

Hill & Johnson Co.

Tranklin for



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3725 Items 7, 8 & 9 Film G282 3/15/61 mh 1. PLACE OF DEATH e. COUNTY b. COUNTY e. STATE Wicomico MARYLAND Caroline b. CITY OR TOWN (if outside corporeta limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give naerasl town) Salisbury 3.494 days Greensboro .⊆ * filled d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO 3. NAME OF 4. DATE DECERSED OF Charlotte DEATH (Typa or print) Williams 19 61 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) and Female Whi te WIDOWED IX DIVORCED physician 10a. USUAK OCCUPATION (Give kind of work done during most of working life, wan if ratirad) 12. CITIZEN OF WHAT COUNTRY? геттоме 10b. KUMP OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 13. FATHER'S NAME MOTHER'S MAIDEN NA please aftending 15. WAS DECEASED EVER IN U. ARMED FORCES? (Yas, no, or unkown) [liyasgiverarordatasofsarvica 16. SOCIAL SECURITY NO. oval, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rupture of the heart 3 minutes DEIVER IMMEDIATE CAUSE (e) burial-transit DUE TO Coronary thrombosis Conditions, if any, which gave risa lo immadiala cause DUE TO (a), stating the underlying Arteriosclerotic heart disease has certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO . Diabetes mellitus 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) ined by 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, ' 20f, (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) Not While factory, streat, office bldg., atc.) While Hour #.m. al work may be retaine DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from.....August 8...., 19.51 to March 2......, 19.61, that (I) (we) last 5:50 P.M. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. Head Hospital; Salisbury, Md. Deer's director, p 23d. LOCATION (City, townfor county) 23& NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION. REMOVAL (Specify) OL 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) ISM 9/60

RYLAND STATE DEPARTMENT OF HEALTH

0540002 and the Bulletinin water the Break a Hirs an an Insuface and of the watered Supplied Description of the supplied of the su WARREN WAR te/c/e on the Cartina Park Hilliam I a front. ALL AND A COL The Land of the la with the control of the same of the control of the same of the control of the con

by the funeral directar, I 2 would be filed with may be the day the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

after death. Page 4

OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 TO HOSPIT VR A15 (4) 15M 9/59

)	1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where de	ceased lived. If institution: Residence b. COUNTY W1C	omico		
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) SALISDURY	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and gi	(ve nearest tawn)		
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 128 Louise Av		d. STREET ADDRESS 128 Lou:	lse Ave	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF First DECEASED (Type or print) GEORGE	Middle WARREN	WIMBROW 0		6th 19 6]		
)	s. sex 6. color or race 7. mar Male White widow		8. DATE OF BIRTH Jan. 11,1912		YEAR IF UNDER 24 HRS. Pays Hours Min.		
		son Paper Co	. Wango, Mary		S A		
	Greensbury Wimbrow		Lida C.Ell:				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yea, no, or unknown) YES W. W. # 2	SOCIAL SECURITY NO. 17	rs.Hilda Wimb: Salisbury,	row(Wife 712 8 L Maryland	ouise Ave.		
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the under- lying cause lost. (c)	ne for (o), (b), and (c).]	na lung		INTERVAL BETWEEN ONSET AND DEATH		
9	Part II. OTHER SIGNIFICANT CONDITIONS				1(a) 19. WAS AUTOPSY PERFORMED? YES NO X		
	OR CONTRIBUTING CAUSE OF DEATH	A	D. (Enter nature of injury in Part I o				
	ZOc. TIME OF INJURY Month, Doy, Year 20d. I While of wo	Nat while for	ACE OF INJURY (Home, farm, 20f ctory, street, office bldg., etc.)	(City or town) (Co	ounty) (State)		
	21. I certify that (I) (this hospital) attended the deceased from 1960, to 3-6 1960, that (I) (we) last saw the deceased alive on 3-51 1961, and that death accurred in 00 M, from the causes and an the date stated above.						
	Luly a Fire	ley	M.D. ATTENDING MED.	r□ STAFF □ Mar	· 7-/1969		
	Philip A.I.	nsley	Main St.	Salisbury, Mary	land		
	230. BURIAL, CREMATION. 23b. DATE THEREOF BURISH Mar. 9, 1961	23c. NAME OF CEMETERY O		location (City, town, or county) Salisbury, Mar	yland		
	24. FUNERAL DIRECTOR'S SIGNATURE HOTTOWAY & COMPANY	ADDRESS	BYTAND DATMAR 8				
	HULLUWAL & CUMPANY	DALLIDOURI, MA	DILLERND DATMOR B	161 Cathan 8 #	Taratte A		

